.2000 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P98000103452 1. Entity Name NATION'S AUTO RENTAL, INC. 04-11-2000 90016 045 ***150.00 Mailing Address Principal Place of Business 1600 WEST SUNRISE BLVD. 1600 WEST SUNRISE BLVD. FORT LAUDERDALE FL 33311-6960 FORT LAUDERDALE FL 33311 **UUUUUUUUUUUU** PK 2. Principal Place of Business 3. Mailing Address PIC 3297 W OAKLAND 3297 W DAKLAND BUYA Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0880756 Not Applicable AUDGRDACE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name STRACK, CHARLENE Street Address (P.O. Box Number is Not Acceptable) 3397 W DAX CANO PARK BLUD 1600 WEST SUNRISE BLVD. FORT LAUDERDALE FL 33311 L'AUDERDALL LICS 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. V-P PSTD **PSTD** TITLE ☐ Addition TITLE ☐ Delete STRACK, CHARLENG 3297 WOAKLAND PEBLUD STRACK, CHARLENE NAME NAME STREET ADDRESS 1600 WEST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP AVOERDALE LAKES, FL 3330) CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change ☐ Addition ۷D __Delete TITLE TITLE STRACK, GREGORY NAME NAME 1600 WEST SUNRISE BLVD. STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITI.E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empoyered

changed, or on an attac

SIGNATURE: