

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90328 025 \*\*\*150.00

**DOCUMENT #** P99000025322 ✓

1. Entity Name

ALL STAR RENT-A-CAR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2827 EXCHANGE COURT

Suite, Apt. #, etc.

SUITE A

City & State

WEST PALM BEACH

Zip

33409

Country

USA

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. FEI Number

65 090 52 30

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ALLAN W. DAWSON

Street Address (P.O. Box Number is Not Acceptable)

2827 EXCHANGE COURT SUITE A

City

WEST PALM BEACH

Zip Code

33409

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.

SIGNATURE

*Allan W. Dawson* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
ALLAN W. DAWSON  
2827 EXCHANGE COURT  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
MIRIAM F. DAWSON  
2827 EXCHANGE COURT  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

*Allan W. Dawson* PRESIDENT ALLAN DAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

2/14/02

Daytime Phone #

561-683 6606