

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90192 039 ***150.00

0471149 AV

DOCUMENT # P99000065231

1. Entity Name
ABLE AUTO RENTAL, INC.

Principal Place of Business **Mailing Address**
4415 FLORIDA NATIONAL DRIVE, STE. 211 **4415 FLORIDA NATIONAL DRIVE, STE. 211**
LAKELAND FL 33813 **LAKELAND FL 33813**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3590687		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUTTO, KENNETH C				Name KENNETH C HUTTO			
4415 FLORIDA NATIONAL DRIVE, STE. 211				Street Address (P.O. Box Number is Not Acceptable) 1935 E. Edgewood Dr; Building I			
LAKELAND FL 33813				City LAKELAND FL Zip Code 33803			

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 *Kenneth C. Hutto* **3-12-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME HUTTO, KENNETH C STREET ADDRESS 4415 FLORIDA NATIONAL DRIVE, STE. 211 CITY-ST-ZIP LAKELAND FL 33813		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HUTTO, KENNETH C STREET ADDRESS 1935 E. Edgewood Dr; Building I CITY-ST-ZIP LAKELAND FL 33803	
TITLE D <input type="checkbox"/> Delete NAME MITCHELL, MARCIA L STREET ADDRESS 7819 ALACHUA STREET CITY-ST-ZIP ORLANDO FL 32822		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME MIEDEMA, HJALMAR JAMES STREET ADDRESS 1400 WELDONA DRIVE CITY-ST-ZIP ORLANDO FL 32806		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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 empowered.

SIGNATURE: *LORNA MIEDEMA* **3-12-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)