

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90034 038 ***150.00

0344 32 AV

DOCUMENT # P99000087590

1. Entity Name
ACCESS AUTO RENTAL & LEASING, INC.

Principal Place of Business
1100 SE 24TH STREET
FORT LAUDERDALE FL 33316
US

Mailing Address
P O BOX 21565
FORT LAUDERDALE FL 33335
US

2. Principal Place of Business
2915 South Federal Hwy
 Suite, Apt. #, etc.

3. Mailing Address
2915 South Federal Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale FL
Zip
33316
Country
USA

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Fort Lauderdale FL
Zip
33316
Country
USA

4. FEI Number **65-0951119**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ADAMS, MARSHALL A
1100 SE 24TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
Name **Noel Alston**
Street Address (P.O. Box Number is Not Acceptable) **2000 SW 22nd Ct**
City **DAVIS** **FL** **Zip Code** **33317**

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 *Nigel Alston President* **2/24**
 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. ☐ (See criteria on back)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALSTON, NIGEL A 1139 EAST COMMERCIAL BLVD OAKLAND PARK FL 33334 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ADAMS, MARSHALL A 1100 SE 24TH STREET FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Nigel Alston President* **2/24/02** **954 410 5647**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)