

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90007 024 \*\*\*150.00

**DOCUMENT #** 880635  
**1. Entity Name**  
ALL STATES RENT A CAR SALES, INC. (L)

**Principal Place of Business** **Mailing Address**  
1801 SOUTH FEDERAL HWY  
STUART, FL 34994

**2. Principal Place of Business** **3. Mailing Address**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
**City & State** **City & State**  
**Zip** **Country** **Zip** **Country**

**4. FEI Number** 65-0291560 **Applied For**  
☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7856**  
 DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
DOUGLAS THOMPSON, ESQ  
P.O. Box 16480 1280 N. CONGRESS AVE  
SUITE 109  
WEST PALM BEACH, FL 33409  
6480

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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** DOUGLAS THOMPSON, ESQ **DATE**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**  
**TITLE** PRESIDENT ☐ **Delete**  
**NAME** ALFRED VISCONTI  
**STREET ADDRESS** 1801 S. FED HWY  
**CITY-ST-ZIP** STUART, FL 34994  
**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**TITLE** ☐ **Delete**  
**NAME**  
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**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**  
☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
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**CITY-ST-ZIP**  
☐ **Change** ☐ **Addition**  
**TITLE**  
**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 address; with all other like empowered.**

**SIGNATURE:** ALFRED VISCONTI 5-10-01 561-221-9997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)