

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90305 031 ***150.00

0604569 AV

DOCUMENT # S94383

1. Entity Name
X-PRESS CAR RENTAL, INC.



Principal Place of Business
**3356 S.W. WEST GLOBE AVENUE
PORT ST. LUCIE FL 34953
US**

Mailing Address
**3356 S.W. WEST GLOBE AVENUE
PORT ST. LUCIE FL 34953
US**



2. Principal Place of Business
3100 NORTH A1A

3. Mailing Address
3100 NORTH A1A

Suite, Apt. #, etc.
SUITE 1201

Suite, Apt. #, etc.
1201

City & State
FT. PIERCE FLA.

City & State
Fort Pierce FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0309046**

Applied For
Not Applicable

Zip **34949** Country **ST. LUCIE**

Zip **34949** Country **ST. LUCIE**

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

6. Name and Address of Current Registered Agent

**MCMAHON, EDWARD
3392 SW S GLOBE AVENUE
PORT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **FRANK PERISINO**
Street Address (P.O. Box Number is Not Acceptable)
3100 NORTH A1A
SUITE 1201
City **Fort Pierce** FL Zip Code **34949**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **FRANK PERISINO** DATE **4-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHON, EDWARD 3392 SW S GLOBE AVENUE PORT ST LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERISINO, FRANK B. 724 DENMBAD MILL MARIETTA GA	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK PERISINO** DATE **4-14-03** DAYTIME PHONE **404-824-5392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)