FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2003 8:00 am Secretary of State **DOCUMENT #** S97213 1. Entity Name 03-07-2003 90099 021 ***150.00 MEARS RENT A CAR, INC. Principal Place of Business Mailing Address -~~vuuuI 324 W. GORE ST. 324 W GORE ST ORLAND PARK FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3093345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Name</u> **SWANN & HADLEY** Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD SUITE 160 WINTER PARK FL 32789 City 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. I am familiar with, and accept SIGNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MAME MEARS, PAUL S., JR. NAME STREET ADDRESS 324 W. GORE ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Delete TD TITLE ☐ Change Addition NAME CARNS, CHARLES E., JR. NAME STREET ADDRESS 324 W. GORE ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE П Спалде Addition NAME SEARCY, ROBERT A. NAME STREET ADDRESS 324 W. GORE ST. STREET ADDRESS CITY-ST-ZIP orlando fl CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change ☐ Addition NAME BAKER, TIMOTHY L. NAME STREET ADDRESS 324 W GORE STREET STREET ADDRESS CITY-ST-ZIP Orlando fl CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or changed, or on an SIGNATURE: Timothy L.-Baker

1/15/03 407-254-0244