## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V34275** Jun 29, 2000 8:00 am **Secretary of State** CONSUMERS CAR RENTAL, INC. 06-29-2000 90398 033 \*\*\*550.00 Mailing Address Principal Place of Business 2424 SOUTH DIXIE HIGHWAY 2424 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401-7735 WEST PALM BEACH FL 33401-7796 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0334219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOETZ JANET GOETZ OLENSKI, SCOTT-R-Street Address (P.O. Box Number is Not Acceptable) 1215 N. FEDERAL HWY - 1928 S. DIXIE HWY: W: PALM-BCH:-FL-33401-LAKEPARKIFL 33403 for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE STEWART, EARL NAME 1215 N. FEDERAL HIGHWAY LAKEPARK, FL 33403, STREET ADDRESS 1928 S DIXIE HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL TITLE □ Delete TITLE STEWART, EARL NAME NAME STREET ADDRESS STREET ADDRESS 1928 S DIXIE HWY. CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP Delete TITLE TITLE ..... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 expowered.

SIGNATURE: AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-00 (56) 844-3461