

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000005352**

1. Entity Name  
ORLANDO LUBE CENTERS, INC.



Principal Place of Business  
C/O JIFFY LUBE  
75-87 UNIVERSITY BLVD.  
WINTER PARK, FL 32792

Mailing Address  
C/O JIFFY LUBE  
75-87 UNIVERSITY BLVD.  
WINTER PARK, FL 32792



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
11-3556500

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CUEVAS, ANDREW ESQ.  
C/O CUEVAS & RUBIN, P.A.  
9200 SOUTH DADELAND BLVD., SUITE 603  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000051437  
02/16/04-80051-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
PIESNER, STEVEN  
50-H CORBIN AVENUE  
BAY SHORE, NY 11706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
PIESNER, ELIZABETH  
50-H CORBIN AVENUE  
BAY SHORE, NY 11706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Steve Piesner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04  
Date

631 586-2626  
Daytime Phone #