

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90210 004 \*\*\*150.00

**DOCUMENT # F95000001459**  
1. Entity Name  
**PENNZOIL LUBE CENTER ACCEPTANCE CORPORATION**



Principal Place of Business  
**700 MILAM  
HOUSTON TX 77002-806  
US**

Mailing Address  
**P.O. BOX 2967  
HOUSTON TX 77252-2967**



2. Principal Place of Business  
**910 LOUISIANA**

3. Mailing Address  
**910 LOUISIANA  
Suite, Apt. #, etc.  
ROOM 4279G**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**HOUSTON, TX**

City & State  
**HOUSTON, TX**

4. FEI Number  
**76-0460516**

Applied For  
Not Applicable

Zip  
**77002**

Country

Zip  
**77002**

Country

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

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **PD** ☒ Delete  
NAME **BOYLE, DOUGLAS S**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77002-2806**

TITLE **VT** ☒ Delete  
NAME **STEWART, LAURIE K**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77008-2806**

TITLE **VS** ☒ Delete  
NAME **CONDIT, LINDA F**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77002-2806**

TITLE **VD** ☒ Delete  
NAME **SIEGEL, P.B.**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77002-2806**

TITLE **AS** ☒ Delete  
NAME **KOONTZ, SUSAN DIANE**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77002-2806**

TITLE **VD** ☒ Delete  
NAME **KELLAGHER, THOMAS P**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON TX 77002-2806**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **D. J. PIRRET**  
STREET ADDRESS **700 MILAM**  
CITY-ST-ZIP **HOUSTON, TX 77002**

TITLE **T** ☒ Change ☐ Addition  
NAME **M. J. D. ADAMSON**  
STREET ADDRESS **910 LOUISIANA**  
CITY-ST-ZIP **HOUSTON, TX 77002**

TITLE **S** ☒ Change ☐ Addition  
NAME **K. D. JOSEPH**  
STREET ADDRESS **910 LOUISIANA**  
CITY-ST-ZIP **HOUSTON, TX 77002**

TITLE **VP-TAX** ☐ Change ☐ Addition  
NAME **D. A. ERICKSON**  
STREET ADDRESS **910 LOUISIANA**  
CITY-ST-ZIP **HOUSTON, TX 77002**

TITLE **AS** ☒ Change ☐ Addition  
NAME **S. J. PAUL**  
STREET ADDRESS **910 LOUISIANA**  
CITY-ST-ZIP **HOUSTON, TX 77002**

TITLE **VPCFO** ☒ Change ☐ Addition  
NAME **D. J. PALMER**  
STREET ADDRESS **910 LOUISIANA**  
CITY-ST-ZIP **HOUSTON, TX 77002**

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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**EQUIRRE J. PAUL**

**4/25/2003**

**713/241-4461**

Date Daytime Phone #

CR2E034 (10/02)