

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60246

1. Entity Name

PROLUBE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90038 021 ***150.00

Principal Place of Business

Mailing Address

C/O M. Z. HAGGARD
625 E MERRITT AVE
MERRITT ISLAND FL 32953

C/O M. Z. HAGGARD
2075 LEEWARD LN
MERRITT ISLAND FL 32953-9992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2546600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGGARD, M. Z.
2075 LEEWARD LN
MERRITT ISLAND FL 32953

Name

M. Z. HAGGARD

Street Address (P.O. Box Number is Not Acceptable)

13152 SW 144TH PKWY

City

OKEECHOBEE

FL

Zip Code

34974

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HAGGARD, M. Z.
STREET ADDRESS 2075 LEEWARD LN
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE P
NAME M. Z. HAGGARD
STREET ADDRESS 13152 S.W. 144TH PKWY.
CITY-ST-ZIP OKEECHOBEE, FL 34974 ☒ Change ☐ Addition

TITLE D
NAME HAGGARD, GUY S.
STREET ADDRESS 7620 LAKE MARSHA DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME SIT JACQUELINE S. HAGGARD
STREET ADDRESS 13152 S.W. 144TH PKWY
CITY-ST-ZIP OKEECHOBEE, FL 34974 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

863 357 7406
321 453-6309

Daytime Phone #