2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81854 1. Entity Name

Principal Place of Business 790 PERSHING RD

CAROLINA LUBES, INC.

RALEIGH NC 27608-712

Mailing Address

790 PERSHING RD RALEIGH NC 27608-712

H.	
\sim	

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90028 043 ***150.00



2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 59-2596369		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required			Additional	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Register	red Agent		
CT CORPORATION 1200 SOUTH PINE ISLAND RD.			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
PLANTAT	10N FL 33324		City			FL Zip C	Code	
SIGNATURE 9. This corpo	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible	and title if applicable. (NO	s registered office or research agent signature TE: Registered Agent signature	required when re				
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		Trust Fund Contribution Added to Fee			
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CONWAY, STEPHEN P 790 PERSHING RD RALEIGH NC 27608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CONWAY, JERRY 790 PERSHING RD RALEIGH NC 27608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CARR, KENDALL A 790 PERSHING RD RALEIGH NC 27608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANFORD, R L 790 PERSHING RD RALEIGH NC 27608	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang		

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:

KENDAU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR