

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93518

1. Entity Name

QUALITY LUBRICANTS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90155 027 ***150.00

Principal Place of Business

% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

Mailing Address

% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2670347

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

TATE, ROBERT E.
806 U.S. HWY. 90 W.
CRESTVIEW FL 32536

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2001 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 DV
NAME TATE, ROBERT E.
STREET ADDRESS 2767 PHIL TYNER ROAD
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

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

TITLE DTS
NAME STYRON, MICHELLE
STREET ADDRESS 534 RIDGE LAKE
CITY-ST-ZIP CRESTVIEW FL ☐ Delete

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

TITLE DP
NAME SHARPE, DON
STREET ADDRESS 4565 PARKWOOD COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DV
NAME Mickey Lewis
STREET ADDRESS 6883 County Road 37
CITY-ST-ZIP Selma, AL. 36701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
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

Date

Daytime Phone #

4-23-01 (850)682-8444

CR2E034 (10/00)