

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

H94372

QWIK LUBE, INC.

**DO NOT WRITE IN THIS SPACE**

FILED  
03 APR 18 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3109 APALACHEE PKWY

Suite, Apt. #, etc.

3. Mailing Address

3109 APALACHEE PKWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-2759755

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BO FOUNTAIN

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

3109 APALACHEE PARKWAY

City

TALLAHASSEE

FL

Zip Code

32311

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
WALLACE T. FOUNTAIN, SR.  
3109 APALACHEE PKWY  
TALLAHASSEE, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400017840384  
05/01/03--01068--024 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. S. T.  
BO FOUNTAIN  
3109 APALACHEE PKWY  
TALLAHASSEE, FL 32311

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

BO FOUNTAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

Date

878-8388

Daytime Phone #

CR2E034B (12/01)