

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90037 005 ***150.00

DOCUMENT # J10235

1. Entity Name

LUBE 'N LATHER OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3400 SR 584
PALM HARBOR FL 34684

3400 SR 584
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1683867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLAYTON, JAMES M.
3400 SR 584
PALM HARBOR FL 34684

Name David L. Bright

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

3400 SR 584

City Palm Harbor FL Zip Code 34684

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

1/10/01

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	P	<input type="checkbox"/> Delete
NAME	CLAYTON, JAMES M.	
STREET ADDRESS	1433 MALLARD PL	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER-CLAYTON, JUDITH	
STREET ADDRESS	1433 MALLARD PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIGHT, DAVID L	
STREET ADDRESS	2014 PEAK ST	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	↑	<input type="checkbox"/> Delete
NAME	BRIGHT, CAROLYN A	
STREET ADDRESS	2014 PEAK ST	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WEBSTER, DONALD G III	
STREET ADDRESS	2878 TRAILWOOD DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Bright	
STREET ADDRESS	9521 Greenpointe Dr.	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Miller Clayton	
STREET ADDRESS	1433 Mallard	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	Secretary + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn A. Bright	
STREET ADDRESS	9521 Greenpointe Dr.	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE	V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Clayton	
STREET ADDRESS	1433 Mallard	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/10/01

Date

727-757-3463

Daytime Phone #

CR2E034 (10/00)