2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90020 008 ***150.00

659845

DOCUMENT # K08403

1. Entity Name: Lube N Go Inc.

Principal Place of Business	Mailing Address
1825 South Riverview Dr Melbourne FL 32901 US	1825 South Riverview Dr Melbourne, FL 32901 US

2. Principal Place of Business	3. Mailing Address
1825 Riverview Dr	1825 Riverview Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne FL
Zip: 32901 Country: USA	Zip: 32901 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0028321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James L. Reinman
1825 S. Riverview Dr.
Melbourne, FL 32901

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1825 Riverview Dr.
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: Jill A Marion
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, WILLIAM 8801 Citrus Park Blvd Ft Pierce FL 34951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARION, JILL 8801 Citrus Park Blvd Ft Pierce FL 34951	☐ 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
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CR2E037 (11/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jill A Marion 4/20/01 561-569-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #