

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002029

1. Entity Name

FAST OIL & LUBE STORE 3, L.L.C.

Principal Place of Business

16881 SAN CARLOS BLVD..
FT. MYERS FL 33908

Mailing Address

16881 SAN CARLOS BLVD..
FT. MYERS FL 33908

2. Principal Place of Business

16881 San Carlos Blvd.
Suite, Apt. #, etc.

3. Mailing Address

1724 SW 44th Street
Suite, Apt. #, etc.

City & State

Ft. Myers Florida

City & State

Cape Coral Florida

Zip

33908

Country

Lee

Zip

33914

Country

Lee

4. FEI Number

65-0977556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLBDY, RICKY
2725 TAMiami TRAIL
PUNTA GORDA FL

7. Name and Address of New Registered Agent

Name

Same

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

1724 SW 44th Street

City

Cape Coral

FL

Zip Code

33914

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
Ricky F Holbby President ☐ Delete
STREET ADDRESS
1724 SW 44th Street
CITY-ST-ZIP
Cape Coral, FL 33914

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
400004376164--8
-06/07/01--01105--005
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

4-25-1

941-540-6856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #