

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04554

1. Entity Name
FAST LUBE OF OCALA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90093 033 ***150.00

Principal Place of Business Mailing Address
2425 SE 58TH AVE. 2425 SE 58TH AVE.
OCALA FL 34471 OCALA FL 34471-6449
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2960423	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, ETHEL E. 3214 SE 39 AVE OCALA FL 32671			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HECK, WILLIAM J. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, WILLIAM J.	NAME	
STREET ADDRESS	4505 NE 3RD ST.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	T JOHNSON, ETHEL E <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ETHEL E	NAME	
STREET ADDRESS	3214 SE 39 AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	VP JOHNSON, JAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	NAME	
STREET ADDRESS	3214 SE 39 AVE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	S HECK, BETTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, BETTY	NAME	
STREET ADDRESS	4505 NE 3RD	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ethel E. Johnson Date: 1-20-00 Daytime Phone #: 352-694-5483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)