2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60477 Jul 19, 2000 8:00 am 1. Entity Name Secretary of State S & D LUBE CORPORATION 07-19-2000 90015 019 ***150.00 Principal Place of Business Mailing Address 17500 WEST HIGHWAY 441 17500 WEST HIGHWAY 441 MOUNT DORA FL 32757 MOUNT DORA FL 32757 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3009143 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGHES, DEBORA M Street Address (P.O. Box Number is Not Acceptable) 17500 WEST HIGHWAY 441 **MOUNT DORA FL 32757** 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition Delete TITLE TITLE HUGHES, DEBORA M NAME NAME STREET ADDRESS STREET ADDRESS 17500 U.S. HIGHWAY 441 CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 qthere like empowered.

July 12, 2000 ATTACHMENT LEOUTS To whom it may concern: of the 2000 Uniform Business Report. all the governmental papers il put in my my monthly tolders as they come in. My account called me and told me this was a second notice. They never saw.

The first notice either. If you must put a trace on the first one fecause it never came. Debora M. Hughes, 17500 U.S. Havy 441 Mount Pura FL 32757 352 738-1818 159-3009143)