

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90108 031 \*\*\*150.00

**A0060918**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> L71466	
1. Entity Name Trucklube 1, Inc.	
Principal Place of Business 1335 S.R. 427 Longwood, FL 32750	Mailing Address Post Office Box 521575 Longwood, FL 32752-1575

2. Principal Place of Business 1335 S.R. 427 Suite, Apt. #, etc.	3. Mailing Address Post Office Box 521575 Suite, Apt. #, etc.
City & State Longwood	City & State Longwood
Zip 32750	Country USA
Zip 32752-1575	Country USA

4. FEI Number 59-3014578	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent Harry J. Stevenson, Jr.
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1335 S.R. 427 City Longwood FL Zip Code 32750
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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 <i>Harry Stevenson President</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Harry J. Stevenson, Jr. 1335 S.R. 427 Longwood, FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Lee Taylor 1335 S.R. 427 Longwood, FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ivan M. Lefkowitz 430 N. Mills Avenue Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <i>Harry Stevenson President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-20-01 Date	407-332-0100 Daytime Phone #
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CR2E034 (11/00)