

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -4 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000657**

1. Entity Name

SOUTHEAST EXPRESS LUBES, L.L.C.

Principal Place of Business

169 SOUTH ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32082

Mailing Address

169 SOUTH ROSCOE BLVD.  
PONTE VEDRA BEACH FL 32082-4127

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3557211**

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131-3209

7. Name and Address of New Registered Agent

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

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 MGR CAHOON, ARTHUR L. ☐ Delete  
STREET ADDRESS 1200 RIVERPLACE BLVD., SUITE 902  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME MGR SCHWIND, WILLIAM G. ☐ Delete  
STREET ADDRESS 169 SOUTH ROSCOE BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32802

TITLE NAME ~~MGR~~ Fowler, Terry L. ☐ Delete  
STREET ADDRESS 4540 Southside Blvd #401  
CITY-ST-ZIP Jacksonville FL 32216

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  
NAME 400003273524-5  
STREET ADDRESS -06/01/00--01056--003  
CITY-ST-ZIP \*\*\*\*\*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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-10-00

Date

(904) 613-2277

Daytime Phone #

CR2E083 (9/99)