

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90009 030 ****50.00

DOCUMENT # L99000000657

1. Entity Name

SOUTHEAST EXPRESS LUBES, L.L.C.

Principal Place of Business

**830 116TH AVE.
 TREASURE ISLAND FL 33706**

Mailing Address

**830 116TH AVE.
 TREASURE ISLAND FL 33706**

2. Principal Place of Business

**205 116th Avenue
 Suite, Apt. #, etc. #5**

3. Mailing Address

**P.O. Box 9300
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Treasure Island, FL

City & State

Treasure Island, FL

4. FEI Number

59-3557211

Applied For

Not Applicable

Zip

33706

Country

Pinellas

Zip

33740

Country

Pinellas

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

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 **Smith, Mackinnon PATEO EDWARDS**
 Street Address (P.O. Box Number is Not Acceptable)
**Suite 800, Citrus Center
 255 South Orange Avenue
 City Orlando FL Zip Code 32801**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CAHOON, ARTHUR L 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE FL 32207 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHWIND, WILLIAM G 169 SOUTH ROSCOE BLVD. PONTE-VEDRA BEACH FL 32802 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FOWLER, TERRY L 4540 SOUTHSIDE BLVD., SUITE 401 JACKSONVILLE FL 32216 | <input checked="" 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 |

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 830 116th Avenue Treasure Island, FL 33706 | <input checked="" 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 |
| 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 |

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 REQUIRED

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

Date

Daytime Phone #

William G. Schwind 4-6-02 7273631166

CR2E083 (9/01)