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Jan 14, 2002 8:00 am

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## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900002325 **Secretary of State** 01-14-2002 90028 020 \*\*\*\*50.00 FAST OIL AND LUBE NORTH, L.L.C. Mailing Address Principal Place of Business 1431 DEL PRADO 1724 S.W. 44TH ST. 902280 CAPE CORAL FL 33914 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0913953 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLBDY, RICK Street Address (P.O. Box Number is Not Acceptable) 1724 S.W. 44TH ST. CAPE CORAL FL 33914 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition ☐ Change TITLE ☐ Delete TITLE HOLBDY, RICKY F NAME NAME STREET ADDRESS STREET ADDRESS 1724 S.W. 44TH ST. CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADJRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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.

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SIGNATURE: