FILED

Jan 14, 2002 8:00 am

941-540-6856

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002326 Secretary of State** 01-14-2002 90028 019 ****50.00 FAST OIL AND LUBE BEACH, L.L.C. Principal Place of Business Mailing Address 15140 SOUTH TAMIAMI TRAIL 1724 SW 44TH ST. 902281 SOUTH FORT MYERS FL 33908 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0913950 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLBDY, RICKY Street Address (P.O. Box Number is Not Acceptable) 1724 SW 44TH ST. CAPE CORAL FL 33914 City Zip Code FL 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. (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 (9/01) MGRM Change ☐ Delete TITLE TITLE HOLBDY, RICKY NAME NAME STREET ADDRESS 1724 SW 44TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

REQUIRED

SIGNATURE:

1-6-2002