

2000 UNIFORM BUSINESS REPORT (UBR)

0000325 AF

DOCUMENT # L99000004083

1. Entity Name
ISLAND LUBES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 PM 12:50

Principal Place of Business
9551-1 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

Mailing Address
9551-1 BAYMEADOWS ROAD
JACKSONVILLE FL 32256-7922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3585807

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

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

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

mf 3/7/00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME PLYLER, DAVID C
STREET ADDRESS 9551-1 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME STOKES, E. CHESTER JR.
STREET ADDRESS 9551-4 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(66/6) (10) 1-20