2000 UNIF	ORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # L9900004083 1. Entity Name						FILE FORETARY	D OF STATE			325 AF
ISLAND LUBES, L.C.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Plac	ee of Business	Mailing Address			_ oc	FEB 25	Pit 12: 50			
9551-1 BAYME	EADOWS ROAD	9551-1 BAYMEADOWS R								
JACKSONVILL	E FL 32256	JACKSONVILLE FL 3225	6-7922					hiah 68 414 4 4814 2848 4	(6188 ())) 1 86 1	
0.00	, , , , , , , , , , , , , , , , , , ,	D. Maillean Astalana	_		_					
2. Principal Place of Business		3. Mailing Address			· (155); 674 • (51); 674			(2125 1111 1454		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI N	9-358	5807		plied For at Applicable	, ,	
Zip	Country	Zip	Coun	try		ficate of Status D		\$5.00 Add	ditional	7
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Nam	e and Address o	f New Register		<u> </u>	=
CARTLL LINE OF V & DESCRIV			:	Name						1
SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800			1	Street Address (P.O. Box Number is Not Acceptable)						-
JACKSONVILLE FL 32202			City				Zin Cod		4	
8. The above named entity submits this statement for the purpose of changing its regi				City FL Zip Code						-
SIGNATURE	Signature, typed or printed name of registered age		low!!! I	Agent signature requirement)	ing)	D 2 17 18	<u>Е</u>		
9.	MANAGING MEN	BERS/MEMBERS	10.			AD	ITIONS/CHANG	GES		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLYLER, DAVID C 9551-1 BAYMEADOWS ROAD JACKSONVILLE FL 32256	C Celate		1		•	,	☐ Change	Addition	.66/6) (310)
TITLE	MGR	☐ Detetn	TITU	I				Change	Addition	75
NAME Street Address	Stokes, E. Chester Jr. 9551-4-baymeadows:road-		MAM. 	E ET ADDRESS		-8000	0316	4308		-
CITY- \$1- ZIP	JACKSONVILLE FL 32256		CITY	- 8T- ZLP			03/09/00- *****55.0			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Uclets	NAM STRE	1		•		- Orimise	Theighton	
TITLE		☐ Delote	IIILI					☐ Change	Addition	1
HAME STREET ADDRESS CITY-87-ZIP				E ET ADORESS - 8T- ZIP		<u> </u>				
TITLE NAME		☐ Detate	TITLI NAM	ł				Change	Addition	
STREET ADDRESS CITY-ST-ZIP,				ET ADDRESS -ST-ZIP						
TITLE -		Delete	TITLE	<u> </u>				Change	Addition	1
NAME STREET ADURESS CITY- ST-ZIP			CITY	ET ADDRESS - ST- ZIP		·-				
11. I hereby indicated limited lia	certify that the information supplied we ton this report is true and accurate as ability company or the receive or trus	ith this filing does not qualify not that my signature enal have tee empowered to execute this	or the exe the same report as	mption stated in e legal effect as it s required by Cha	Section 119. fmade unde apter 608, Flo	07(3)(i), Florida S r oath; that I am orida Statutes.	Statutes I further a managing me	certify that the in mber or manage	nformation or of the	
SIGNAT	URE: SIGNATURE AND TIPED OF F	TURE REGU	IRE	DE MANAGED		Date	<u> </u>	Daytime Phone #		
	SIGNAL ONE AND 1 THEO UN 1	THE PERSON DISTRICT MANAGING	~	AT BUNISHING CH		Date		Payoning Friority #		1