## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900005767  1. Entity Name RUB-R-ALL, L.C.  Principal Place of Business  8806 SCENIC VISTA COURT ORLANDO FL 32818  DOCUMENT H  Mailing Address  8806 SCENIC VISTA COURT ORLANDO FL 32818					FILED  00 FEB -3 PM 4: 14  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number         Applied For           59-3604982         Not Applicable				
Zip Country		Zip	Country		5. Certificate of Statu	s Desired	\$5.00 Addi Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Addres	s of New Registered	i Agent	
RICKS, JASON L				Street Address	(P.O. Box Number is Not Acceptable)			
8806 SCENIC VISTA COURT ORLANDO FL 32818								
ONEANDO TE 32010				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 Wheel or cylinded name of renistated agent and title if applicable (NOTF: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent a	FILE No Make Check Pa	OW!!! I	d Agent signature requirement FEE IS \$50,00  Department	of State			
9.	MANAGING MEMBE	ERS/MEMBERS	10. TITLI		A	DDITIONS/CHANGE	S Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	RUB-R-ALL, INC.			E ET ABDRESS - ST- ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Colote	- 1	Y			Change	Addition
TITLE MAME STREET ADORESS GITY- ST- ZIP		☐ Geiste		J	-		Change	Addition .
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TITLE NAME STREET ADDRESS GITY-\$1-ZIP	,	☐ Delete		ĺ		<b>********</b> Ω!∫*, (,!ί	Change	**Addition
TITLE INAME BTREET ADDRESS GITY- ST-ZIP		☐ Delete	CITY	E ET ADDRESS - ST- ZIP			Change	Addition
indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have	the same	e legal effect as if	made under oath; that I a	a Statutes. I further command managing mem	ertify that the in ber or manager	formation r of the

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

SIGNATURE!