

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000008598

## DOCUMENT #

1. Entity Name

HAYNES EXPRESS LUBE, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -1 AM 11:18

Principal Place of Business

Mailing Address

903 S. Ohio Avenue  
Live Oak, Florida 32060

14548 182nd Street  
McAlpin, Florida 32062

2. Principal Place of Business

903 S. Ohio Avenue

Suite, Apt. #, etc.

3. Mailing Address

14548 182nd Street

Suite, Apt. #, etc.

City & State  
Live Oak

City & State  
McAlpin

Zip  
32060

Country  
Suwannee

Zip  
32062

Country  
Suwannee

4. FEI Number  
593614748

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

7. Name and Address of New Registered Agent

David Metcalf  
McRae & Metcalf, P.A.  
2066 Thomasville Road  
Tallahassee, Florida 32312

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

3/14/00

9. MANAGING MEMBERS/MEMBERS

10. MODIFICATIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

February 23, 2000 (904) 776-2886

Date

Daytime Phone #

CR2E083 (11/99)