2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

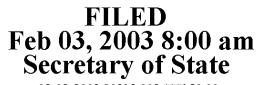
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M75027

1. Entity Name

ZIP LUBE, INC.





02-03-2003 90313 003 ***150.00

Principal Place of Busines % BRIAN E. FITZGERALD 903 1/2 NORTH MONRO TALLAHASSEE FL 32303-6	% E 903	Mailing Address % Brian E. Fitzgerald 903 1/2 North Monroe St Tallahassee Fl. 32303-6142									
2. Principal Place of Busin	ness	3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-2892114			Applied For Not Applicable	
Zip	Country Zip			Country 5		5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current F			ed Agent	<u> </u>	7. Name and Address of New Registered Agent						
			·		Name						
FITZGERALD, BRIAN E. 903 1/2 N MONROE ST				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 3	_7										
					City			FL	_		
The above named entity the obligations of regist	submits this statement ered agent.	for the purp	ose of changing its	registered	d office or regis	stered ag	gent, or both, in the State of Florida	. I am far	niliar with,	and accept	
SIGNATURE	or printed name of registered age	nt and title if app	ilicable. (NOTE	: Registered	Agent signature requ	uired when re	einstating)	DATE			
		of State			W	<u> </u>	Election Campaign Financi Trust Fund Contribution.	ng 🔲		00 May Be	
10.	OFFICERS AN	D DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR	S IN 11	
STREET ADDRESS 903 1/2 N	ERALD, BRIAN E. /2 N MONROE ST NHASSEE FL) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	☐ Addition	
TITLE PSD PETTY, JI P.O. BOX CITY-ST-ZIP CRAWFOI		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
ITTLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP] Change	Addition	
TTLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
ITLE IAME TREET ADDRESS (ITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP			Ε] Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP	information and live in		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS r-zip			Ε] Change	Addition	

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>JIMMY R PETTY</u> <u>PRESIDENT</u>

Daytime Phone #