

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 15, 2001 8:00 am
Secretary of State

02-28-2001 90099 034 ***150.00

DOCUMENT # P00000000551

1. Entity Name

HI-TECH LUBE & OIL CHANGE, INC.

Principal Place of Business

Mailing Address

10329 CHEMSTRAND ROAD
PENSACOLA FL 32514

10329 CHEMSTRAND ROAD
PENSACOLA FL 32514

2. Principal Place of Business

1494 NEW CHEMSTRAND RD

Suite, Apt. #, etc.

3. Mailing Address

1494 NEW CHEMSTRAND RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CANTONMENT, FL

Zip

32533

Country

USA

City & State

CANTONMENT, FL

Zip

32533

Country

USA

4. FEI Number

59-3615779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINNEY, JAMES J	
STREET ADDRESS	10329 CHEMSTRAND ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKINNEY, WADE S	
STREET ADDRESS	10329 CHEMSTRAND ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCKINNEY, BRAD	
STREET ADDRESS	10329 CHEMSTRAND ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. MCKINNEY

Date

Daytime Phone

2-10-01

850-968-6658

CR2E034 (10/00)