

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90341 014 ***150.00

DOCUMENT # P01000014679

1. Entity Name
FLORIDA MOBILE LUBE INC.

Principal Place of Business

4821 NW 16 PLACE
GAINESVILLE FL 32605

Mailing Address

4821 NW 16 PLACE
GAINESVILLE FL 32605

2. Principal Place of Business

4204 NW 13 PL

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 358251

Suite, Apt. #, etc.

City & State
Gainesville FLA

City & State
Gainesville FLA

4. FEI Number
265592078

Applied For
Not Applicable

Zip
32605

Country
USA

Zip
32635

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FIORÉ, PAUL
4821 NW 16 PLACE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name
Paul Fiore

Street Address (P.O. Box Number is Not Acceptable)

4204 NW 13 PL

City **Gainesville** **FL** **Zip Code** **32605**

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 *Paul Fiore President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **President/Owner**
STREET ADDRESS **PAUL FIORE**
CITY-ST-ZIP **4204 NW 13 PL**
GAINESVILLE FLA 32605

TITLE ☐ Change ☒ Addition
NAME **MARIN FIORE**
STREET ADDRESS **Vice President**
CITY-ST-ZIP **4204 NW 13 PL**
GAINESVILLE FLA 32605

TITLE ☐ Change ☒ Addition
NAME **Secretary/Treasurer**
STREET ADDRESS **MARGARET FIORE**
CITY-ST-ZIP **9455 SW 181 ST**
MIAMI FLA 33157

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Paul Fiore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02

352-338-2055

CR2E034 (9/01)