

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000017156**

1. Entity Name

**SLICKY JOHNSON'S LUBE -TUBE & ZOOM, INC.**

Principal Place of Business

**37959 S.R. 54 WEST  
ZEPHYRHILLS FL 33541**

Mailing Address

**37959 S.R. 54 WEST  
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ROGERS, STEVEN T  
5334 BERNADETTE DRIVE  
ZEPHYRHILLS FL 33541**

4. FEI Number

**05-1078310**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

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 title 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, 2002 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 **D** ☐ Delete  
NAME **ROGERS, STEVEN T**  
STREET ADDRESS **5334 BERNADETTE DRIVE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☒ Delete  
NAME **NICKELSON, DAVID E**  
STREET ADDRESS **9815 LA RITA PLACE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**STEVEN T. ROGERS**  
Signature, typed or printed name of officer or director

**04/01/02 813/782-1555**  
Date Daytime Phone #

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90870 005 \*\*\*150.00

**31147**



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)