

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90002 044 ***150.00

DOCUMENT # P01000021716

1. Entity Name
FLORIDA'S LUBRICANTS, INC.

Principal Place of Business

**5308 SPRING HILL DRIVE
 SPRING HILL FL 34606**

Mailing Address

**5308 SPRING HILL DRIVE
 SPRING HILL FL 34606**

2. Principal Place of Business
120 MARINER BLVD

3. Mailing Address
120 MARINER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPRING HILL FL

City & State
SPRING HILL FL

4. FEI Number
59-3708026

Applied For
 Not Applicable

Zip Country
34609 USA

Zip Country
34609 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, DAVID R.
 5308 SPRING HILL DRIVE
 SPRING HILL FL 34606**

Name
WAYNE DAVIS

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

City Zip Code
SPRING HILL FL 34609

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 *Wayne G. Davis*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, WAYNE G**
 CITY-ST-ZIP **5308 SPRING HILL DRIVE**
SPRING HILL FL 34606

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **120 MARINER BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: *Wayne G. Davis* **REQUIRED Wayne G. Davis** *2-13-02 352 684-7478*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)