FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2003 8:00 am Secretary of State

DOCUMENT # Po 1 00 00 4 3 3 7 4  1. Entity Name					Secretary of State 02-13-2003 90261 006 ***150.00	
Simplex Pre-lube, INC.						
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 105 PIRATES COVE DRIVE P.O. Box 5		3. Mailing Address P.O. Box 500	0 698		·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State MARATHON FL.		City & State MARATHON FL		4	4. FEI Number Applied Fo 65 — [1 08723 Not Applied Fo	
Zip 3305	O Country	Zip 33050	Country USA		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
				7. Name and Address of Current Registered Agent Name		
ns.	RITE	T	THEODORE C. WELLAND			
- Paragraphy (1984)			at Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE				
			City N	MARATHON FL Zip Code 33050		
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						
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  January 1 - May 1  After May 1, Fe  Amended UB  Make Check Payable to				)	10. Election Campaign Financing \$5.00 May Trust Fund Contribution.  Added to Fees	
11.	OFFICERS AND D	IRECTORS	TITLE	F		
NAME	JIM D. HELBIG	~ .	NAME		many and the second	1
STREET ADDRESS	105 PIRATES COUE		STREET ADDRESS CITY-ST-ZIP			}
CITY-ST-ZIP	MARATHON, FL	<u> 33050</u>	TITLE		, b	
NAME	DIV ELIZABETH B HE	LB16	NAME			- 1
STREET ADDRESS	105 PIRATES COVE	2	STREET ADDRESS	·		1
CITY-ST-ZIP	MARATHON FL	33050	CITY-ST-ZIP			
NAME	LYN E-WEILAND 7501 GULFSTREAN	X	NAME -	. +-	in the second se	-
STREET ADDRESS CITY-ST-ZIP	7501 GULFSTREAM MARATHON FL		STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE	DIV	. 33030	TITLE	**************************************		
NAME	THEODORE C. WEIL		NAME		IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	7501 GULFSTREAM		STREET ADDRESS CITY-ST-ZIP			.
TITLE	MARATHON, F		TITLE			
NAME			NAME		•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	·	<u> </u>	TITLE		· · · · · · · · · · · · · · · · ·	$\neg$
NAME			NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
13 Lhereby		-1- 68	ha average en	ed in Contin	ion 119 07(3)(i) Florida Statutes I further certify that the information	

1. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section †19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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305 743 6405

Daytime Phone #