

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90199 017 \*\*\*150.00

<b>DOCUMENT # P01000056656</b> 1. Entity Name <b>ONSITE LUBE, INC.</b>			
Principal Place of Business <b>1977 BRECKENRIDGE BLVD. MIDDLEBURG, FL 32068</b>		Mailing Address <b>PO BOX 8028 FLEMING ISLAND, FL 32003</b>	
2. Principal Place of Business <b>1701 Moss Creek Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 8028</b> Suite, Apt. #, etc.	
City & State <b>Orange Park, FL</b> Zip <b>32003</b>		City & State <b>Fleming Island, FL</b> Zip <b>32006</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3636463</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MONTOKA, MARIO R 1977 BRECKENRIDGE BLVD. MIDDLEBURG, FL 32068</b>		7. Name and Address of New Registered Agent Name <b>MARIO MONTOKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1701 Moss Creek Dr</b> <b>Orange Park, FL</b> City <b>32003</b>	
State <b>FL</b>		Zip Code <b>32003</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when resigning)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <b>MONTOKA, MARIO</b> <b>1977 BRECKENRIDGE BLVD</b> <b>MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Mario Montoka</b>		Date: <b>5-27-03</b> Time: <b>901 264-4544</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)