

**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

**DOCUMENT # P01000056656**

1. Entity Name  
**ONSITE LUBE, INC.**



Principal Place of Business  
**1977 BRECKENRIDGE BLVD.  
MIDDLEBURG, FL 32068**

Mailing Address  
**PO BOX 8028  
FLEMING ISLAND, FL 32003**



2. Principal Place of Business  
**1701 Moss Creek Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 8028**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Orange Park, FL**

City & State  
**Fleming Island, FL**

Zip  
**32003** Country  
**USA**

Zip  
**32006** Country

4. FEI Number  
**59-3636463**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MONTOKA, MARIO R  
1977 BRECKENRIDGE BLVD.  
MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent

Name  
**MARIO Montoya**

Street Address (P.O. Box Number is Not Acceptable)  
**1701 Moss Creek Dr**

**Orange Park, FL**

City  
**32003** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)

**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.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MONTOKA, MARIO	1977 BRECKENRIDGE BLVD	MIDDLEBURG, FL 32068	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Mario Montoya Date: 5-27-03 Daytime Phone #: 904 264-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)