

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0623504 AT

03-05-2002 90098 024 ***150.00

DOCUMENT # P25745

1. Entity Name
VALVOLINE INSTANT OIL CHANGE FRANCHISING, INC.

Principal Place of Business Mailing Address
ATTN: STATE TAX DEPT **ATTN: STATE TAX DEPT**
P O BOX 14000 **P O BOX 14000**
LEXINGTON KY 40512 **LEXINGTON KY 40512**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **61-1143350** Applied For
Not Applicable

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

CT CORPORATION SYSTEM
660 E JEFFERSON ST
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD WIPF, GERALD L.**
STREET ADDRESS **5786 BEECHWOOD TRAIL SW**
CITY-ST-ZIP **FORT MEYERS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3499 Blazer Parkway**
CITY-ST-ZIP **Lexington KY 40509**

TITLE ☐ Delete
NAME **ASAT PACE, M. RAY**
STREET ADDRESS **3499 BLAZER PARKWAY**
CITY-ST-ZIP **LEXINGTON KY 40509**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S DEATON, MICHAEL F**
STREET ADDRESS **3499 DABNEY DR**
CITY-ST-ZIP **LEXINGTON KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V BIEHL, JOHN C**
STREET ADDRESS **3499 DABNEY DR**
CITY-ST-ZIP **LEXINGTON KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS WALES, T. CODY**
STREET ADDRESS **2910 THORNHILL DR**
CITY-ST-ZIP **FLATWOODS KY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 Diederich Blvd.**
CITY-ST-ZIP **Russell KY 41169**

TITLE ☐ Delete
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:

Richard A Jones
Richard A Jones

2/14/02

(859) 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)