

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011541 (8)

1. Corporation Name

EAST BAY LUBE, INC.

Principal Place of Business

490 PURPLE FINCH WAY
PALM HARBOR FL 34683

Mailing Address

490 PURPLE FINCH WAY
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/15/1993

3a. Date of Last Report
05/01/1994

4. FBI Number
59-3163766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4301 E. Bay Dr.

2a. Mailing Address

26 4301 E. Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

Country

Zip

Country

24 34624 25 PineHills

29 34624 30 PineHills

9. Name and Address of Current Registered Agent

LOPRESTI, CYNTHIA
4301 E BAY DR
CLEARWATER FL 34624

81 Name

Cynthia Oskarsson

82 Street Address (P.O. Box Number is Not Acceptable)

4301 E. Bay Dr

83

84 City

Clearwater

FL

85 Zip Code

34624

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Cynthia Oskarsson

President

4/25/95

Signature, typed or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPRESTI, CYNTHIA
STREET ADDRESS	4301 E BAY DR
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change ☒ Addition ☐
1.2 NAME	Cynthia Oskarsson
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change ☐ Addition ☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change ☐ Addition ☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change ☐ Addition ☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change ☐ Addition ☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change ☐ Addition ☐
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

Cynthia Oskarsson

4/25/95 813-536-0155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number