

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90202 009 ***150.00

DOCUMENT # P93000031653

1. Entity Name
MOBILE LUBE INC.



Principal Place of Business
**1147 RIALTO DR.
BOYNTON BEACH FL 33436
914 S.W. 28TH AVE.
Boynton Beach, FL, 33435**

Mailing Address
**1147 RIALTO DR.
BOYNTON BEACH FL 33436
914 S.W. 28TH AVE.
Boynton Beach, FL, 33435**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0406154** Applied For
Not Applicable

Zip Country

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FIASCONARO, KEVIN A
1147 RIALTO DRIVE
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
914 S.W. 28TH AVE.
City
Boynton Beach FL Zip Code
33435

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 **Kevin A. Fiasconaro, President** DATE **4/14/03**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FIASCONARO, KEVIN A	
STREET ADDRESS	1147 RIALTO DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIASCONARO, LYNNE	
STREET ADDRESS	1147 RIALTO DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	914 SW 28TH AVE.	
STREET ADDRESS	BOYNTON BEACH, FL, 33435	
CITY-ST-ZIP	BOYNTON BEACH, FL, 33435	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	914 SW 28TH AVE.	
STREET ADDRESS	BOYNTON BEACH, FL, 33435	
CITY-ST-ZIP	BOYNTON BEACH, FL, 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Kevin A. Fiasconaro** DATE: **4/14/03** DAYTIME PHONE #: **561-740-4510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0408690 AV

CR2E034 (10/02)