

2001 UNIFORM BUSINESS REPORT (UBR)

6/8/01

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-08-2001 90162 026 ****61.25
06-21-2001 90003 007 ****88.75

DOCUMENT # P94000027236

1. Entity Name

ELECTRO LUBE DEVICES INC.

Principal Place of Business

99 GUERDON RD.
LAKE CITY, FL 32055

Mailing Address

P.O. Box 220
LAKE CITY, FL 32056-0220

2. Principal Place of Business

Suite, Apt. # etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3234651

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPRING, JUDITH A.
RT. 13 BOX 331-26
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

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

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SPRING, JUDITH A.
STREET ADDRESS RT. 13 BOX 331-26
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ Delete
NAME LOMINACK, LAUREL D.
STREET ADDRESS 1360 LAKE MONTGOMERY DR.
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-5-01 386-755-3810

CR2037 (11/00)