

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052354

1. Entity Name

MASTER LUBE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90035 003 ***150.00

Principal Place of Business

12145 CORTEZ BLVD.
BROOKSVILLE FL 34613
US

Mailing Address

12145 CORTEZ BLVD.
BROOKSVILLE FL 34613-5551
US

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

59-3254812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLOURDE, CHARLES J JR
8439 BAY DR
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name PLOURDE CHARLES J JR

Street Address (P.O. Box Number is Not Acceptable)
20344 SOMERSET ACRES LN

City SPRING HILL

FL

Zip Code 34610

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

Charles J Plourde Jr Pres

4-15-00

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, 2000 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

TITLE ☐ Delete
NAME DP
STREET ADDRESS PLOURDE, CHARLES J JR
CITY-ST-ZIP 8439 BAY DRIVE
SPRING HILL FL 34606

TITLE ☐ Delete
NAME DV
STREET ADDRESS HUGHES, HOWARD C
CITY-ST-ZIP 7231 RIVER COUNTRY DR.
SPRING HILL FL 34607

TITLE ☐ Delete
NAME DST
STREET ADDRESS MARHEFKA, RICHARD A
CITY-ST-ZIP 6120 TOWER DR.
HUDSON FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS PLOURDE CHARLES J JR
CITY-ST-ZIP 20344 SOMERSET ACRES LN
SPRING HILL FL 34610

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

TITLE ☒ Change ☐ Addition
NAME DST
STREET ADDRESS MARHEFKA RICHARD A
CITY-ST-ZIP 4939 FLORAMAR TERRACE UNIT 501
NEW PORT RICHEY FL 34652

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

TITLE ☐ Change ☐ Addition
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:

Charles J Plourde Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00 (352) 597 0127

CR2E034 (9/99)