

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054307

1. Entity Name

AMERICAN QUALITY LUBE INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90041 007 ***150.00

Principal Place of Business 2713 SE KERN RD PORT ST. LUCIE FL 34952 US		Mailing Address 1134 S.W. BAYSHORE BLVD. PORT ST. LUCIE FL 34952 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2713 SE KERN RD Suite, Apt. #, etc.	
City & State		City & State PORT ST. LUCIE FL	
Zip 34984	Country	Zip 34984	Country USA
6. Name and Address of Current Registered Agent WEISFELD, NEIL 2713 SE KERN RD PORT ST LUCIE FL 34984		4. FEI Number 65-0529012 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISFELD, NEIL 2713 SE KERN RD PORT ST LUCIE FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/2001 561-879-0031 Date Daytime Phone #	

0437109

CR2E034 (10/00)