2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P9400065404** SOUTH LUBES, INC. 04-27-2000 90110 021 ***150.00 Mailing Address Principal Place of Business 1890 KINGSLEY AVENUE 1890 KINGSLEY AVENUE SUITE 104 SHITE 104 ORANGE PARK FL 32073-4455 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. Applied For City & State 4. FEI Number City & State 59-3282425 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name · -HUNTLEY, LOUIS L Street Address (P.O. Box Number is Not Acceptable) 1890 KINGSLEY AVENUE SUITE 104 **ORANGE PARK FL 32073** 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CDS Change ☐ Delete TITLE TITLE **HUNTLEY, LOUIS L** NAME NAME 1890 KINGSLEY AVE. SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Addition Change TITLE ☐ Delete TITLE HUNTLEY, L. W NAME NAME 1890 KINGSLEY AVE, SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** - ___ Change -☐ Addition TITLE ☐ Delete TITLE SANDERS, DWAIN D NAME NAME STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition TITLE ☐ Delete GAY, W.W. NAME NAME 1890 KINGSLEY AVE, SUITE 104 STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP **ORANGE PARK FL 32073** Change ☐ Addition ☐ Delete TITLE TITLE DEMETREE, JACK NAME NAME 1890 KINGSLEY AVE, SUITE 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-276-3598 # 144