FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2003 8:00 am Secretary of State DOCUMENT # P94000065404 04-25-2003 90262 036 \*\*\*150.00 1. Entity Name SOUTH LUBES, INC. Principal Place of Business Mailing Address 1890 KINGSLEY AVENUE 1890 KINGSLEY AVENUE SUITE 104 SUITE 104 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3282425 Not Applicable Zip Country Zip 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 HUNTLEY, LOUIS L Street Address (P.O. Box Number is Not Acceptable) 1890 KINGSLEY AVENUE **SUITE 104 ORANGE PARK FL 32073** City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CVDS HUNTLEY, LOUIS L NAME NAME STREET ADDRESS STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE ☐ Delete TITLE Change ☐ Addition PD NAME NAME HUNTLEY, L. W STREET ADDRESS STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 CITY-ST-ZiP-CITY-ST-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SANDERS, DWAIN D NAME STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GAY, W.W. STREET ADDRESS STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITI F Delete TITLE Change ☐ Addition NAME NAME DEMETREE, JACK STREET ADDRESS STREET ADDRESS 1890 KINGSLEY AVE, SUITE 104 CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 DEMETREE, JAY 1895 KINGSLEY AVE SUITE 104 ORANGE PARK, FL 32073 TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 receivenor trystee 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 w

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR