FILED Feb 12, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR) P94000091180

DOCUMENT # i. Entity Name

B&TLU	IBRICATION CENTERS, INC	i.				02-12-2002 90088	1002 130.0		•
Principal Place of Business 1198 JOHN SIMS PARKWAY NICEVILLE FL 32578 US		Mailing Address PO BOX 904 NICEVILLE FL 32588 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	FEI Number 59-3290477		oplied For ot Applicable	}
Zip -	Country	Zip	Country	у	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Regist	ered Agent]
,		· · · · · · · · · · · · · · · · · · ·		Name	/_ 1 	F ±			1
BASSETT, CECIL A 1215 OAKMONT DRIVE				Street Address (P.O. Box Number is Not Acceptable) 408 Crystal Lane					
NICEVILLI	E FL 32578		-	City	 -	l'existe a series de la series d	FL Zip Cod 32578		1
SIGNATURE . 9. This corporate filing record (See criter)	signature, typed or printed name of registered abent a contact in the sequirement and elects to do so. in a contact in a c	Walter F. Teer and title if applicable (NOTE FILE NOW!! After May 1, 200 Make Check Payab	Registered A 1 FEE IS 12 Fee w 1e to Dep	Presi Agent signatur S \$150.0	dent e required when r 0 50.00 of State	reinstating) Jan 2 10. Election Campaign Financin Trust Fund Contribution.	9 \$5.0 Added	0 May Be	
11.	OFFICERS AND		12.			ODITIONS/CHANGES TO OFFICERS			} <u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSQ TEER, WALTER F 408 CRYSTAL LANE NICEVILLE FL 32578	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	408 Cr	:'y Walter.F: ystal Lane lle. FL 32578	(X) Change	☐ Addition	2E034 (9/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASSETT, CECIL A 1215 OAKMONT DRIVE NICEVILLE FL	∑ Delete	TITLE NAME STREET CITY-S	ADDRESS	VP. Joe W. 1767 H	Mashburn Hopper St Apt 1 11e. FL 32578	X Change	★ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	84	ADDRESS	-14		☐ Change	☐ 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 adjusted the provided statutes.

TITLE

NAME

STREET ADDRESS

City-St-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E Walter F. Teer,

Delete

Jr. Pres.

1/25/02

Change

Addition