

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90098 019 ***150.00

DOCUMENT # P95000009071

1. Entity Name

PIT STOP 10 MINUTE OIL CHANGE, INC.

Principal Place of Business

**2501 WEST SAMPLE ROAD
 BAY A-1
 POMPANO BEACH FL 33073**

Mailing Address

**2501 WEST SAMPLE ROAD
 BAY A-1
 POMPANO BEACH FL 33073**

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 **65-0549395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAYEGH, RICHARD
 2501 WEST SAMPLE ROAD
 BAY A-1
 POMPANO BEACH FL 33073**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SAYEGH, RICHARD**
 STREET ADDRESS **2501 WEST SAMPLE ROAD**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

TITLE **VPS** ☐ Delete
 NAME **SAYEAH, PAULA**
 STREET ADDRESS **2501 W SAMPLE RD**
 CITY-ST-ZIP **PAOMPANO BEACH FL 33073**

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

TITLE ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE ☐ Delete
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)