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2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State **DOCUMENT #** P95000009071 1. Entity Name 04-01-2002 90040 016 ***150.00 PIT STOP 10 MINUTE OIL CHANGE, INC. Principal Place of Business Mailing Address 2501 WEST SAMPLE ROAD 2501 WEST SAMPLE ROAD BAY A-1 BAY A-1 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 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 Applied For 65-0549395 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 Name SAYEGH, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2501 WEST SAMPLE ROAD BAY A-1 POMPANO BEACH FL 33073 Zip Code City 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. 3/21/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 Change Addition TITLE ☐ Delete TITLE SAYEGH, RICHARD NAME NAME 2501 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33073 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SAYEAH, PAULA NAME NAME 2501 W SAMPLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Paompano Beach Fl 33073 CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition 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