

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90168 036 \*\*\*150.00

UBR 000001 AI

**DOCUMENT # P95000063149**  
1. Entity Name  
**PROFESSIONAL QUALITY LUBRICANTS INCORPORATED**

Principal Place of Business  
**10558 OTTER CREEK DRIVE  
JACKSONVILLE FL 32222**

Mailing Address  
**10558 OTTER CREEK DRIVE  
JACKSONVILLE FL 32222**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 37331**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

Zip  
**32236**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0617315**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FELIX, JOSEPH C  
10558 OTTER CREEK DR.  
JACKSONVILLE FL 32222**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P- FELIX, JOSEPH C</b>	<b>10558 OTTER CREEK DRIVE</b>	<b>JACKSONVILLE FL 32222</b>	
	<b>VP OSTENDORF, ROBERT H</b>	<b>8541 ROYALWOOD DRIVE</b>	<b>JACKSONVILLE FL 32256</b>	
	<b>VP SEPULVEDA, BRUNILDA R</b>	<b>4747 ROYAL AVENUE</b>	<b>JACKSONVILLE FL 32205</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)