

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001817

1. Entity Name

LUBE CONNECTION, INC.

Principal Place of Business

3931 RCA BLVD.
SUITE 3101
PALM BEACH GARDENS FL 33410

Mailing Address

3931 RCA BLVD.
SUITE 3101
PALM BEACH GARDENS FL 33410-4287

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

65-0735712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEDMAN, KAREN E CPA
3931 RCA BLVD.
SUITE 3101
PALM BEACH GARDENS FL 33410

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, 2000 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 DVP ☐ Delete
NAME GOLDBERG, ROBERT
STREET ADDRESS ~~6044 MICHAEL STREET~~
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE DP ☐ Delete
NAME FLEURY, MARSHALL
STREET ADDRESS 902 N. PALM WAY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE DS ☐ Delete
NAME STEDMAN, KAREN E
STREET ADDRESS ~~6044 MICHAEL STREET~~
CITY-ST-ZIP ~~PALM BEACH GARDENS FL 33418~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5440 N. OCEAN DR PH106
CITY-ST-ZIP SINGER ISLAND, FL 33403

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11700 BLACKWOODS LN.
CITY-ST-ZIP WPB, FL 33412

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

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

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 #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90115 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)