2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000052890 May 01, 2000 8:00 am Secretary of State LIGHTNIN' LUBE OF VENICE, INC. 05-01-2000 90053 005 ***150.00 Principal Place of Business Mailing Address 7275 BEE BIBGE RD 7279 BEE RIDGE RD SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address *9*201 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Applied For 4. FEI Number City & State 65-0774574 Not Applicable Penice Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3*4285* .7. Name and Address of New Registered Agent - = -- --6. Name and Address of Current Registered Agent Name HAMILTON, JANA Street Address (P.O. Box Number is Not Acceptable) 7275 BEE BIDGE RD CCDTU COURT #118 SARASOTA FL 34241 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Delete TITLE TITLE HAMILTON, MICHAEL NAME NAME 7275-BEE RIDGE-RD STREET ADDRESS 2201 Canto Court, Buite 118 STREET ADDRESS SARASOTA FL 34241 CITY-ST-7IP Scrc SOTC, FT 34232 CITY-ST-ZIP ☐ Delete TITLE HAMILTON, JANA NAME 7275 BEE BIDGE RD 2201 Conto Court, Soite 118 STREET ADDRESS STREET ADDRESS SARASOTA FL 84241 CITY-ST-ZIP Scrasota, FL 34232 CITY-ST-ZIF Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE . i NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen