## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P97000052890

DOCUMENT # 1. Entity Name

LIGHTNIN' LUBE OF VENICE, INC.



**FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90204 006 \*\*\*150.00

Principal Place of Business 915 S TAMIAMI TRAIL VENICE FL 34285		Mailing Address 2201 CANTU COURT. SUITE 118 SARASOTA FL 34232				
	2					
2. Principal Place of Business		3. Mailing Address 4025 Cuttlemen fl			1 18614001 110 10111 16011 00111 00111 00111 <b>0</b> 0101	#114# 1140# 1811# 1 <b>\$</b> 11  BD17 10#  -
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State Sava-Sota PL			4. FEI Number 65-0774574	Applied For Not Applicable
Zip	Country	Zip 342.33	Country U.SA		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
The state of the s				a comment of	المراجعة الم	
HAMILTON, JANA			Street	Address (P.0	O. Box Number is Not Acceptable)	
2201 CANTU COURT # 118			4	735	Proctor Rd	
SAMASUT	FL 34232					
, je		, , , , , , , , , , , , , , , , , , ,	City	Sura.		Zip Code
<b>8.</b> The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered	agent, or both, in the State of Florida. I am	familiar with, and accept
And Itam Han						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent sign	ature required wh	nen reinstating) DATE	
	ILE NOW!!! FEE IS \$150,00					**
After May 1, 2003 Fee will be \$550.00 Make Check Rayable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE			Change
NAME STREET ADDRESS	HAMILTON, MICHAEL		NAME STREET ADDRESS	110	E College on PA 11611	
CITY-ST-ZIP	2201-GANTU COURT STE 118 SARASOTA FL 34232	•	CITY-ST-ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	25 Catherien Rd HIY	(
TITLE	D	□ Delete	TITLE	<u>س</u>	ra 50th, FC 34233	Change
NAME	HAMILTON, JANA		NAME			
STREET ADDRESS CITY-ST-ZIP	2201-CANTU COURT-STE 118		STREET ADDRESS CITY-ST-ZIP	402	15 attlemented #14	1
TITLE	SARASOTA FL 34232	Delete	TITLE	54	MSOta PC 34233	☐ Change ☐ Addition
NAME		□ Delete	NAME			☐ Change ☐ Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	enter a for the contract of th	STREET ADDRESS		Section 2011 Annual Section 2015 Annual Section 2015 Annual Section 2015 Annual Section 2015 Annual Section 20	
CITY-ST-ZIP			CITY-ST-ZIP		P-//W-1	· · · · · · · · · · · · · · · · · · ·
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		-	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			-
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAME			<u> </u>
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
0111-31-41F			CITY-ST-ZIP	1		t t

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

374-0155