2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DI

Mar 18, 2002 8:00 am Secretary of State P97000060912 DOCUMENT # 1. Entity Name 03-18-2002 90008 002 ***150.00 SOUTH BAY LUBE, INC. Principal Place of Business Mailing Address 1513 N WASHINGTON BLVD 1513 N WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3457634 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSKARSSON, LEIF Street Address (P.O. Box Number is Not Acceptable) 4301 EAST BAY DRIVE **CLEARWATER FL 33764** City 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 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 TITLE ☐ Delete OSKARSSON, LEIF NAME NAME Bay side STREET ADDRESS 4615 BARRACUDA DR. STREET ADDRESS BARDENTON FL 33208 33767 CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME VERNAL, RICHARD JR STREET ADDRESS STREET ADDRESS 15749 SCRIMSHAW DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 Change TITLE ☐ Delete ☐ Addition NAME OSKARSSON, CYNTHIA NAME STREET ADDRESS 4615 BARRACUDA DR. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 33208** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change Jason C NAME NAME Carhniton STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 appears, with all other like empowered.

813-936-7091