

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                            |                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P97000060912</b><br>1. Entity Name<br><b>SOUTH BAY LUBE, INC.</b>                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                            |                                                     |  |
| Principal Place of Business<br><b>1513 N WASHINGTON BLVD<br/>SARASOTA FL 34236<br/>US</b>                                                                                                                                                                                                                                                                                                      |                                                                      |                                 | Mailing Address<br><b>PO BOX 270158<br/>TAMPA FL 33688</b> |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                  |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                 | City & State                                               |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      | Country                         |                                                            | Zip                                                                                                                                  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | Country                         |                                                            | 4. FEI Number <b>59-3457634</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>OSKARSSON, LEIF<br/>4301 EAST BAY DRIVE<br/>CLEARWATER FL 33764</b>                                                                                                                                                                                                                                                                      |                                                                      |                                 |                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                  |                                                                      |                                 |                                                            |                                                                                                                                      |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                    |                                                                      |                                 |                                                            |                                                                                                                                      |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div> |                                                                      |                                 |                                                            |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11      |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | PD<br>OSKARSSON, LEIF<br>141 BAYSIDE DRIVE<br>CLEARWATER FL 33767    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | VTD<br>VERNAL, RICHARD JR<br>15749 SCRIMSHAW DR<br>TAMPA FL 33624    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | 000000050624<br>02/16/04-80019-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | DE<br>OSKARSSON, CYNTHIA<br>141 BAYSIDE DRIVE<br>CLEARWATER FL 33767 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | VS<br>THOMAS, JASON C<br>13017 CARLINGTON LANE<br>RIVERVIEW FL 33569 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |

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

**SIGNATURE:** Richard Vernal Jr. **2/11/04** **813-931-7091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #