

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90013 020 \*\*\*150.00

**DOCUMENT # P97000107868**

1. Entity Name

**MASTER LUBE, TUNE & TIRE, INC.**

Principal Place of Business

**3021 GULF BREEZE PARKWAY  
 GULF BREEZE FL 32561**

Mailing Address

**3021 GULF BREEZE PARKWAY  
 GULF BREEZE FL 32561**

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

**59-3485132**

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

**WHITE, MICHAEL A**

**3021 GULF BREEZE PARKWAY  
 GULF BREEZE FL 32561**

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, 2002 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

TITLE: PRESIDENT  
 NAME: **WHITE, MICHAEL A**  
 STREET ADDRESS: **3021 GULF BREEZE PARKWAY**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

TITLE: VP  
 NAME: **MALOSKIE, CHRIS**  
 STREET ADDRESS: **3021 GULF BREEZE PARKWAY**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

TITLE: S  
 NAME: **HICKS, TERRY B**  
 STREET ADDRESS: **3021 GULF BREEZE PARKWAY**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

TITLE: T  
 NAME: **BERNARDINI, J**  
 STREET ADDRESS: **3021 GULF BREEZE PKWY**  
 CITY-ST-ZIP: **GULF BREEZE FL 32561**

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition  
*zip code is now 32563*

TITLE:   
 NAME: **Meloskie**  
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

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

TITLE:   
 NAME: **Kenneth H. Clark Jr**  
 STREET ADDRESS: **3021 Gulf Breeze Pkwy**  
 CITY-ST-ZIP: **Gulf Breeze Fla 32563**  
☒ Change ☐ Addition

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

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

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 reports 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 to this address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02**

Date

Daytime Phone #

0059736 AV

CR2E034 (9/01)