2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028264



FILED Mar 19, 2003 8:00 am Secretary of State

SANFORD EXPRESS LUBE, INC.						03-19-2003 90126 047	7 ***150.	00
Principal Place of Business 2413 S FRENCH AVE SANFORD FL 32771 US			Mailing Address 2413 S FRENCH AVE SANFORD FL 32771 US				11111 1111 1111	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3499833 Applied For Not Applicable		·	
Zip		Country	Zip	Country			8.75 Add	
	6. Name	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered A	gent	
· · · · · · · · · · · · · · · · · · ·				Na	me			1
-	, rudy o Rench avi	E		Street Address		P.O. Box Number is Not Acceptable)		
SANFORD FL 32771			,					
				City		FL	Zip Cod	l
8. The above the obligat	e named entiti tions of regist	y submits this statemer ered agent.	nt for the purpose of changir	ng its registered offi	ce or register	ed agent, or both, in the State of Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent	signature required	when reinstating) DATE		
F	ILE NOW!	! FEE IS \$150.00						
~	-	LE 10 0100.00	į.					
		3 Fee will be \$550.				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be I to Fees
Make Check		Florida Departmen	t of State			Trust Fund Contribution.	Added	I to Fees
Make Check	k Payable to	Florida Departmen	nt of State ND DIRECTORS	11.		Trust Fund Contribution.	Added	I to Fees
Make Check 10.	k Payable to	Florida Departmen OFFICERS A	t of State	TITLE		Trust Fund Contribution.	Added	I to Fees
Make Check	PD ARNOLD,	OFFICERS A	nt of State ND DIRECTORS		RESS	Trust Fund Contribution.	Added	I to Fees
Make Check 10. TITLE NAME	PD ARNOLD, 2413 S FI	Florida Departmen OFFICERS A	nt of State ND DIRECTORS	TITLE NAME		Trust Fund Contribution.	Added	I to Fees
Make Check 10. TITLE NAME STREET ADDRESS	PD ARNOLD, 2413 S FI	OFFICERS A OFFICERS A RUDY O RENCH AVE	nt of State ND DIRECTORS	TITLE NAME STREET ADDR		Trust Fund Contribution.	Added	I to Fees
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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: