Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90002 002 \*\*\*150.00

1999

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P98000060155

ADVANCED SYNTHETIC LUBRICANTS, INC.

| Principal Place of Business Mailing Address  |  |   |                                    |                    |                   |  | /#110 <b>#</b> 1117 ##1#1 | 17887 41 | 1101 0111 1901     |
|--|--|---|------------------------------------|--------------------|-------------------|--|---------------------------|----------|--------------------|
| 2970 LAKE DRIVE 297  |  | 2970 LAKE DRIVE   | 970 LAKE DRIVE                     |                    |                   |  |                           |          |                    |
| 25.0 = 11.2 01.112   |  | KISSIMMEE FL 34747-1700   |                                    |                    | DO NOT WRITE IN 1 | THIS SPACE   |                           |          |                    |
|  |  |   |                                    |                    |                   | 3. Date Incorporated or Qualifed   |                           |          |                    |
|  |  |   |                                    |                    |                   | 07/06/1998   |                           |          | ì                  |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address   |                                    |                    |                   | 4. FEI Number  |                           | App      | lied For           |
| 21   |  | 26  |                                    |                    |                   | 59-3527180   |                           | Not      | Applicable         |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |   |                                    |                    |                   | 5. Certifcate of Status Desired  |                           |          | dditional          |
| 22 27  |  |   |                                    |                    |                   | 5. 55.4.55.6 5. 5.4.5  |                           | e Req    |                    |
| City & State   | <b>e</b>   | City & State  | ity & State                        |                    |                   | 6. Election Campaign Financing   |                           |          | May Be             |
|  |  | 28 7in  | Zip Country                        |                    |                   | Trust Fund Contribution  |                           | ded to   | rees               |
| Zip  | Country 25   | 29 30   | ¬ ´                                | y                  |                   | This corporation owes the current year     Personal Property Tax.                            | ir intangible<br>☐ Yes    | Ĉ        | <b>X</b> No        |
| 24   | 9. Name and Address of Current   |   | 1                                  |                    |                   | 10. Name and Address of New Registe  |                           |          |                    |
|  |  |   | 81                                 |                    | Name              |  |                           | -        |                    |
| estime, gilbert  |  |   | 82                                 | +                  | Street Addres     | ss (P.O. Box Number is Not Acceptable)   |                           |          |                    |
| 17454 S.W. 79TH COURT  |  |   | 02                                 | oz Street A        |                   | 33 (1:0: Box Humber to Hot Hot Hot Humber)   |                           |          |                    |
| MIAMI FL 33157   |  |   | 83                                 | 83                 |                   |  |                           |          |                    |
|  |  |   | 84                                 | +                  | City              |  | 85 2                      | Zip Co   | ode                |
|  |  |   |                                    |                    |                   |  | FL   °°   ′               |          |                    |
| office or o  | to the provisions of Sections 607,0502<br>egistered agent, or both, in the State on familiar with, and accept the obligations. | of Florida, Such change was autr<br>ions of, Section 607.0505, Florid | orized by<br>a Statutes            | / (n<br>S.         | ne corporation    | ration submits this statement for the purpos<br>'s board of directors. I hereby accept the a | рропппен а                | s regi   | stered             |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: |  |   | egistered Agent signature required |                    |                   | when reinstating) DAT ADDITIONS/CHANGES TO OFFICER   |                           | CTOE     | 25 IN 12           |
| 12.  | OFFICERS ANI   | DELETE  | 13.                                |                    |                   | ADDITIONS/CHANGES TO OFFICER   | ☐ Char                    |          | Addition           |
| TITLE  | P HEATH MADCHALL A   | _ becere  | 12 NAME                            |                    |                   |  |                           | •        | _                  |
| NAME   | HEATH, MARSHALL A<br>2970 LAKE DRIVE   |   | 1.3 STREE                          |                    | DOBESS            |  |                           |          |                    |
|  |  |   | 1.4 CITY-ST-ZIP                    |                    | ľ                 |  |                           |          |                    |
| CITY-ST-ZIP  |  |   | 2.1 TITLE                          |                    |                   |  | Char                      | nge      | ☐ Addition         |
| NAME   | AL.  |   | 22 NAME                            | 22 NAME            |                   |  |                           |          |                    |
| Bridan, soriii o   |  |   | 2 3 STREET ADDRESS                 |                    | DORESS            |  |                           |          |                    |
| CITY-ST-ZIP  | CLERMONT FL 34711  |   |                                    | ST-                | ZIP               |  |                           |          |                    |
| TITLE  |  |   | 3.1 TITLE                          | 3.1 TITLE          |                   |  | ☐ Char                    | nge      | ☐ Addition         |
| NAME   | WATSON, DANIEL 32 N  |   |                                    |                    |                   |  |                           |          |                    |
| STREET ADDRESS   |  |   | 3.3 STREE                          | 3.3 STREET ADDRESS |                   |  |                           |          |                    |
| CITY-ST-ZIP  | 011250 12 02:00  |   | 34 CITY-                           | 34 CITY-ST-ZIP     |                   |  |                           |          |                    |
| TITLE  | T  |   |                                    | .1 TITLE           |                   |  | Char                      | nge      | ☐ Addition         |
| NAME :   | BRUYETTE, DEBORAH  |   | 4. 2 NAME                          |                    |                   |  |                           |          | •                  |
| STREET ADDRESS   | 1659 PROVIDENCE CIRCLE   |   | 4.3 STREE                          | TA                 | DORESS            |  |                           |          | i                  |
| CITY-ST-ZIP  | Crip 1100 12 CEC10   |   |                                    | 4.4 CITY-ST-ZIP    |                   |  |                           |          | <b>□ A</b> → → ::: |
| TITLE  | S  | ☐ DELETE  | 51 TITLE                           |                    |                   |  | ☐ Chai                    | nge      | Addition           |
| NAME   | HEATH, KAY   |   | 5.2 NAME                           |                    |                   |  |                           |          |                    |
| STREET ADDRESS   | 2970 LAKE DRIVE  |   | 5.3 STREE                          |                    | Į.                |  |                           |          |                    |
| CITY-ST-ZIP  | KISSIMMEE FL 34747-1700  |   | 5.4 CITY- S                        | ST-2               | ZIP               |  |                           |          | □ 64430==          |
| ) TITLE  |  | ☐ DELETE  | 6 1 TITLE                          |                    | l l               |  | Chai                      | nge      | ☐ Addition         |

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP