

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098039

1. Entity Name

CONSTRUCTION LUBRICATION EQUIPMENT, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90354 011 ***150.00

Principal Place of Business

3245 MULFORD ROAD
MULBERRY FL 33860

Mailing Address

PO BOX 6527
LAKELAND FL 33807

2. Principal Place of Business

2301 Hwy. 17 South

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 957

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

4. FEI Number 59-3545651

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33831-0957

Country

USA

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

LINDER, P S
2301 HWY 17 SOUTH
BARTOW FL 33831

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DALTON, EDGAR F
5135 LAKELANE HIGHLANDS RD
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5135 Lakeland Highlands Rd. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HAMILTON, WILLIAM
5516 HEATHROW DR
KNOXVILLE TN 37919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LINDER, P. SCOTT
2381 HWY 17 SOUTH
BARTOW FL 33831 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2301 Hwy. 17 South ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 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 address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-01

863 519-0527

CR2E034 (10/00)