

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90027 038 ***150.00

0049631 AV

DOCUMENT # P99000029168

1. Entity Name

LYNN'S TEN MINUTE LUBE CENTER, INC.

Principal Place of Business

1140 MAIN STREET
 CHIPLEY FL 32428

Mailing Address

1140 MAIN STREET
 CHIPLEY FL 32428

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

59-3575141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COPE, WILLIAM L JR.
 228 COPE ROAD
 CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

William Lynn Cope, Jr

Street Address (P.O. Box Number is Not Acceptable)

808 West 8th Street Circle

City

Lynn Haven

FL

Zip Code

32444

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

William L Cope Jr

William Lynn Cope, Jr

1-8-2

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 ☐ Delete
 NAME D
 STREET ADDRESS COPE, WILLIAM L JR.
 CITY-ST-ZIP 228 COPE ROAD
 CHIPLEY FL 32428

TITLE ☐ Delete
 NAME D
 STREET ADDRESS COPE, CHARLOTTE A
 CITY-ST-ZIP 228 COPE ROAD
 CHIPLEY FL 32428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME Pres ~~William~~ Treas
 STREET ADDRESS William Lynn Cope, Jr
 CITY-ST-ZIP 808 W 8th Street Circle
 Lynn Haven, FL 32444

TITLE ☒ Change ☐ Addition
 NAME V-Pres, Sac
 STREET ADDRESS Charlotte A Cope
 CITY-ST-ZIP 808 West 8th Street Circle
 Lynn Haven, FL 32444

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

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

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

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

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:

Charlotte A Cope

Charlotte A Cope

1-8-2

850 638 5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)