

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0123575 AT

DOCUMENT # P99000029168

1. Entity Name

LYNN'S TEN MINUTE LUBE CENTER, INC.



FILED

03 DEC 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7. Name and Address of New Registered Agent

COPE, WILLIAM L JR.

808 WEST 8 STREET CIRCLE

LYNN HAVEN FL 32444

Name

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

200024394022
11/04/03--01010--013 **550.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William L. Cope Jr.
Signature, typed or printed name of registered agent and title if applicable.

William Lynn Cope Jr.
(NOTE: Registered Agent Signature required when reinstating)

12/24/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS COPE, WILLIAM L JR.
CITY-ST-ZIP 808 WEST 8 STREET CIRCLE
LYNN HAVEN FL 32444

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COPE, CHARLOTTE A
CITY-ST-ZIP 808 WEST 8TH STREET
LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200024394022
12/17/03--01009--012 **200.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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:

William L. Cope Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/03
Date

850 638 8444
Daytime Phone #

CR2E034 (4/03)