

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90265 026 ***158.75

DOCUMENT # P99000083036

1. Entity Name

LUBE 2 U, INC.

Principal Place of Business

6700 SE 82ND AVE
NEWBERRY FL 32669

Mailing Address

6700 SE 82ND AVE
NEWBERRY FL 32669

2. Principal Place of Business

3530 SE Hawthorne Rd

3. Mailing Address

5200 NW 43rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102 PMB 308

City & State

GAINESVILLE

City & State

Gainesville

Zip

32641

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-3599174

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, STEPHEN K
6700 SE 82ND AVE
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name

DENNIS ZEIGLER

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

1904 NW 36 Drive

City

Gainesville

FL

Zip Code

32605

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

Dennis Zeigler DENNIS ZEIGLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/13/01

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, STEPHEN K	
STREET ADDRESS	6700 SE 82 AVE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Zeigler	
STREET ADDRESS	1904 NW 36 Drive	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Debose	
STREET ADDRESS	1278 SE 13th Ave	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Covert	
STREET ADDRESS	3212 SW 25th Drive #5	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dennis Zeigler DENNIS ZEIGLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

352-266-0163

Daytime Phone #

0473087

CR2E034 (10/00)