

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109240

1. Entity Name

THE LUBE COMPANY OF FLORIDA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90141 004 ***150.00

Principal Place of Business

2727 CLYDE RD # 11
JACKSONVILLE FL 32207

Mailing Address

2727 CLYDE RD # 11
JACKSONVILLE FL 32207

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 59-3610822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KEASLER, FRANK R JR
4337 PABLO OAKS COURT
STE 102
JACKSONVILLE FL 32224~~

*Represented
by president.*

7. Name and Address of New Registered Agent

Name *Rex Moss*

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

3050 S. Watson Dr.

City *Jacksonville, FL*

FL

Zip Code *32257*

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

C. Rex Moss

Rex Moss

04/22/01

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

TITLE **D** ☐ Delete
NAME **MOSS, C. REX**
STREET ADDRESS ~~518 BIRKSHIRE COURT~~ *3050 S. Watson Dr.*
CITY-ST-ZIP **ORANGE PARK FL 32073** *JACKSONVILLE, FL 32257*

TITLE **D** ☐ Delete
NAME **MOSS, PEGGY A**
STREET ADDRESS ~~518 BIRKSHIRE COURT~~
CITY-ST-ZIP **ORANGE PARK FL 32073**

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 **D** ☒ Change ☐ Addition
NAME **MOSS, C. Rex**
STREET ADDRESS *3050 S. Watson Dr.*
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D** ☒ Change ☐ Addition
NAME **MOSS, Peggy A**
STREET ADDRESS *3050 S. Watson Dr.*
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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 another like empowered.

SIGNATURE:

C. Rex Moss

C. Rex Moss

04/22/01

904 731 5655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0014000