

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90080 017 \*\*\*150.00

**DOCUMENT # V09128**

1. Entity Name  
**ROAD RUNNER OIL CHANGE & LUBE, INC.**

Principal Place of Business 750 SW 64 TER PEMBROKE PINES FL 33023	Mailing Address 750 SW 64 TER PEMBROKE PINES FL 33023-1536
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DO NOT WRITE IN THIS SPACE

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 **65-0316555** 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**

**RUSSELL, REMEK R.**  
**750 SW 64 TERR**  
**PEMBROKE PINES FL 33023**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2000 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 D <b>REMEK, RUSSELL R.</b> <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME <b>REMEK, RUSSELL R.</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>750 SW 64 TER</b>	STREET ADDRESS	STREET ADDRESS <b>750 SW 64 TER</b>	STREET ADDRESS
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	CITY-ST-ZIP
TITLE NAME D <b>REMEK, ANN C.</b> <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME <b>REMEK, ANN C.</b>	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>750 SW 64 TER</b>	STREET ADDRESS	STREET ADDRESS <b>750 SW 64 TER</b>	STREET ADDRESS
CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	CITY-ST-ZIP	CITY-ST-ZIP <b>PEMBROKE PINES FL</b>	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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: Russell R. Remek **Russell R. Remek** **5-2-00** **954-966-1854**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)