2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69091 Mar 13, 2000 8:00 am **Secretary of State** D & L QUICK LUBE, INC. 03-13-2000 90025 033 ***150.00 Principal Place of Business Mailing Address 5847 GALL BLVD. 5847 GALL BLVD. ZEPHYRHILLS FL 33541-3457 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0364112 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUCE K. DOHERTY DOHERTY, JOE M. Street Address (P.O. Box Number is Not Acceptable) 5300 CAMBERLEA AVE GALL BLUD ZEPHYRHILLS FL 33541 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE BRUCE K. DOHERTY 6733 GALL BLVD, STE K BOX 12 DOHERTY, JOE M. NAME NAME STREET ADDRESS 5300 CAMBERLEA AVE. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL CITY-ST-ZIP Change Addition Delete TITLE DOHERTY, JOYCE N. NAME NAME STREET ADDRESS STREET ADDRESS 5300 CAMBERLEA AVE. CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL ☐ Addition ☐ Delete TITLE TITLE JOE M. DOHERTY 5300 CAMBERLEA AVE. DOHARTY, BRUCE K NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 902 ZEPHYRHILLS FL 33541 CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL SPRING FL 33524** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OF SIGNIN