

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000005286**

1. Entity Name

SNAPPER POWER EQUIPMENT, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90130 015 ***150.00

0579647

Principal Place of Business	Mailing Address
535 MACON RD. MCDONOUGH GA 30253	535 MACON RD. PO BOX 777 MCDONOUGH GA 30253

C0007482

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 58-1473288		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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.

SIGNATURE

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 State10. 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSEL, SILVA	NAME	
STREET ADDRESS	810 7TH AVE 29TH FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUGE, JOHN W	NAME	
STREET ADDRESS	810 7TH AVE 29TH FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBOTNICK, STUART	NAME	
STREET ADDRESS	810 7TH AVE 29TH FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADLER, ARNOLD	NAME	PERSING, DAVID
STREET ADDRESS	810 7TH AVE 29TH FL	STREET ADDRESS	ONE MEADOWLANDS PLAZA
CITY-ST-ZIP	NEW YORK NY 10019	CITY-ST-ZIP	EAST RUTHERFORD, NJ 07073-2137
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, ROBIN G	NAME	
STREET ADDRESS	535 MACON RD	STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA 30253	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEL, PAUL	NAME	
STREET ADDRESS	535 MACON RD	STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA 30253	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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770-954-2626

Date

January 9, 2001

Daytime Phone #

CR2E034 (10/00)