

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90054 034 ****50.00

DOCUMENT # L01000016908

1. Entity Name

OUTBOARD PROPULSION SYSTEMS, LLC

Principal Place of Business

**1815 N US HWY #1
 ORMOND BEACH FL 32174**

Mailing Address

**1815 N US HWY #1
 ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSES, MICHAEL R
 1815 N US HWY #1
 ORMOND BEACH FL 32174**

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	PRESIDENT, MGR	<input type="checkbox"/> Delete
NAME	LAWSON, WILLIAM	
STREET ADDRESS	1815 N. US HWY #1	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SECRETARY, TREASURER, MGR	<input type="checkbox"/> Delete
NAME	MOSES, MICHAEL R	
STREET ADDRESS	1815 N. US HWY #1	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VICE PRESIDENT, MGR	<input type="checkbox"/> Delete
NAME	PORTA, SCOTT	
STREET ADDRESS	1815 N. US HWY #1	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(384)
 2/1/02 676-7685

CR2E083 (9/01)