2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003
Secretary of State

DOCUMENT# L01000016908

Entity Name: OUTBOARD PROPULSION SYSTEMS, LLC

Current Principal Place of Business:

1815 N US HWY #1
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1815 N US HWY #1
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3655124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LAWSON, WILLIAM
Address: 1815 N. US HWY #1
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete
Name: MOSES, MICHAEL R
Address: 1815 N. US HWY #1
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete
Name: PORTA, SCOTT
Address: 1815 N. US HWY #1
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MOSES, MICHAEL R
Address: 1815 N. US HWY #1
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL R. MOSES MGRM 01/07/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date