

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90027 002 ***150.00

DOCUMENT # P00000019681

1. Entity Name

OCALA MOWER & CYCLE, INC.

Principal Place of Business

**2617 N.E. 14TH ST.
OCALA FL 34470**

Mailing Address

**2617 N.E. 14TH ST.
OCALA FL 34470**

2. Principal Place of Business

3129 NE 14TH ST.

Suite, Apt. #, etc.

3. Mailing Address

C/O BUSINESS COUNSELING SVCS

Suite, Apt. #, etc.

P.O. BOX 1807

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL.

City & State

OCALA FL

4. FEI Number

59-3629860

Applied For

Not Applicable

Zip

34470

Country

Zip

34478

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HURST, WILLIAM C JR
2617 N.E. 14TH ST.
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3129 NE 14TH ST.

OCALA, FL 34470

FL

Zip Code

34470

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 William C. Hurst, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

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, 2002 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HURST, WILLIAM C JR**
CITY-ST-ZIP **PO BOX 498**
ANTHONY FL 32617

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HURST, WILLIAM C SR**
CITY-ST-ZIP **4825 105TH ST.**
ANTHONY FL 32617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: William C. Hurst, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-02

CR2E034 (9/01)