

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90095 013 ***150.00

DOCUMENT # P01000011377

1. Entity Name

A & S OUTDOOR POWER EQUIPMENT, INC.



Principal Place of Business

~~4332 NW 110 AVE~~

~~OCALA FL 34482~~

Mailing Address

~~4332 NW 110 AVE~~

~~OCALA FL 34482~~

2. Principal Place of Business

4599 N Hwy 441

Suite, Apt. #, etc.

3. Mailing Address

4599 N Hwy 441

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34475

Country

Marion

Zip

34475

Country

Marion

4. FEI Number

59-3709776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LAUDERDALE, GLENN C

4332 NW 110 AVE

OCALA FL 34482

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YARDY, AARON G	
STREET ADDRESS	301 SE 35TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	YARDY, SHANNON	
STREET ADDRESS	301 SE 35TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAUDERDALE, GLENN	
STREET ADDRESS	301 SE 35TH ST	
CITY-ST-ZIP	OCALA FL 34471	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

Shannon Yardy - Vice Pres. **4-10-03** **352-368-2153**

CR2E034 (10/02)