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5/15/2002-90146

FILED
Jul 31, 2002 8:00 am
Secretary of State

05-15-2002 90146 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015596

1. Entity Name
WILLIE'S SMALL ENGINES II, INC.

Principal Place of Business: ~~1902 NW 30 AVE MARGATE FL 33063~~ 4658 N Powerline Rd Pompano Beach, FL 33073-3027

Mailing Address: ~~1902 NW 30 AVE MARGATE FL 33063~~

40293

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4658 N PowerLine Rd
Suite, Apt. #, etc.:
City & State: Pompano Beach FL
Zip: 33073-3027 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-1066362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAFER, TRACY E
11950 FLOTILLA PLACE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
Name: Tracy E Shafer
Street Address (P.O. Box Number is Not Acceptable): 11950 Flotilla Pl
City: BOCA Raton FL 33428

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: Tracy E Shafer — 7/1/02
Signature, typed or printed name of registered agent and title if applicable — DATE
NOTE: Registered Agent signature required when reinstating

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

Field	Value	
TITLE	Owner	☐ Delete
NAME	Tracy Shafer	
STREET ADDRESS	4658 N Powerline Rd	
CITY-ST-ZIP	Pompano Beach Fl 33073	
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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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 REQUIRED — T Shafer — 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #