

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000143

1. Entity Name

PUTNAM MOWER & CYCLES, INC.

Principal Place of Business

Mailing Address

1749 SOUTH HWY 17
POMONA PARK FL 32181

P.O. BOX 267
POMONA PARK FL 32181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
PUTNAM MOWER, INC.
P. O. BOX 267

Suite, Apt. #, etc.

P.O. Box 267
Pomona Park

City & State
POMONA PARK, FL 32181

City & State

Fla

Zip
32181

Zip

Country

Putnam

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNSEND, WILLIAM L JR
200 REID STREET
PALATKA FL 32178-0250

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEE, LARRIE
1287 HAZEL NUT
BUNNELL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CO
LEE, AUTUMN
207 PERRY ST
POMONA PARK FL 32181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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: Larrie Lee Larrie Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90209 003 ***150.00

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DO NOT WRITE IN THIS SPACE

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