

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036383

1. Entity Name

OUTBOARD MOTOR PARTS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90160 031 ***150.00

Principal Place of Business

Mailing Address

595 SIXTH STREET
WINTER HAVEN FL 33881

595 SIXTH STREET
WINTER HAVEN FL 33881-4008

2. Principal Place of Business

2707 Ave G NW

Suite, Apt. #, etc.

Winter Haven FL

City & State

33881

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

595 6th St NW

City & State

Winter Haven FL

Zip

33881

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0910564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAY, WARREN G
595 SIXTH STREET
WINTER HAVEN FL 33881

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GAY, WARREN G
STREET ADDRESS 595 SIXTH STREET
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D ☐ Delete
NAME BASTIN, DONALD E JR.
STREET ADDRESS 2938 AVE G, NW
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)