

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90602 039 \*\*\*150.00

**DOCUMENT # P99000051237**

1. Entity Name  
**RANDY'S SMALL ENGINE REPAIR, INC.**



Principal Place of Business  
**75-A MANSFIELD STREET  
VALPARAISO FL 32580**

Mailing Address  
**75-A MANSFIELD STREET  
VALPARAISO FL 32580**



2. Principal Place of Business

**75-A MANSFIELD AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**75-A MANSFIELD AVE.**

Suite, Apt. #, etc.

City & State

**VALPARAISO, FL**

Zip  
**32580**

Country  
**USA**

City & State

**VALPARAISO, FL**

Zip  
**32580**

Country  
**USA**

4. FEI Number **59-3575721**

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

**MCDONALD, TRUMAN  
75-A MANSFIELD STREET  
VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

Name **JOHN D. PETERSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**912 S. PALM BLVD.**  
**STE. E**  
City **NICEVILLE** **FL** Zip Code **32578**

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 *John Peterson*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/14/2003

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 **PD** ☐ Delete  
NAME **MCDONALD, TRUMAN**  
STREET ADDRESS **75-A MANSFIELD STREET**  
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE **V** ☐ Delete  
NAME **CENTER, GEORGE**  
STREET ADDRESS **75-A MANSFIELD STREET**  
CITY-ST-ZIP **VALPARAISO FL 32580**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **MCDONALD, TRUMAN W.**  
STREET ADDRESS **100 DANA POINTE**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **V** ☒ Change ☐ Addition  
NAME **CENTER, GEORGE R.**  
STREET ADDRESS **4624 SEIGLER ST.**  
CITY-ST-ZIP **HOLT, FL 32564**

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

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

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

TITLE ☐ Change ☐ 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: *John Peterson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2003 (850)678-3617

Date Daytime Phone #

CR2E034 (10/02)