

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50639

1. Entity Name

GATOR POWER EQUIPMENT CORP.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90013 030 ***158.75

0557981

Principal Place of Business

708 S DIXIE AVE
FRUITLAND PARK FL 34731

Mailing Address

708 S DIXIE AVE
FRUITLAND PARK FL 34731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3066128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LEPERA, DENISE F
708 S DIXIE AVE
FRUITLAND PARK FL 34731

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.

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	P	<input type="checkbox"/> Delete
NAME	LEPERA, DENISE	
STREET ADDRESS	36816 TAYLOR MILL RD.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEPERA, MICHAEL	
STREET ADDRESS	36816 TAYLOR MILLS RD.	
CITY-ST-ZIP	FRUITLAND PK FL 34731	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWERSOX, RICHARD	
STREET ADDRESS	3928 WOOD PECKER DR.	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOWERSOX, ROSE	
STREET ADDRESS	3928 WOOD PECKER DR	
CITY-ST-ZIP	FRUITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Denise F. Lepera* DENISE F. LEPERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-787-9912

CR2E034 (10/00)