

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90037 001 ***158.75

0352039 AV

DOCUMENT # S50639

1. Entity Name

GATOR POWER EQUIPMENT CORP.

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 **Bowersox Richard**
 Street Address (P.O. Box Number is Not Acceptable)
**3928 WOOD PECKER DR.
 FRUITLAND PARK FL**
 City **FL** Zip Code **34731**

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 **Richard P. Bowersox**

Signature, typed or printed name of registered agent and title if applicable.

Richard P. Bowersox

(NOTE: Registered Agent signature required when reinstating)

2/19/02

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, 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

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE LEPERA	
STREET ADDRESS	LADY LAKE FL.	
CITY-ST-ZIP	LADY LAKE FL.	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL LEPERA	
STREET ADDRESS	LADY LAKE FL	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Bowersox	
STREET ADDRESS	3928 WOOD PECKER DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Bowersox	
STREET ADDRESS	3928 WOOD PECKER DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERYL STOKES III	
STREET ADDRESS	1035 WEST DIXIE AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
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: **Richard P. Bowersox**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

352-787-9912

Daytime Phone #

CR2E034 (9/01)