2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # 238164** 1. Entity Name TOPS TV & APPLIANCE, INC. 05-17-2000 90923 014 ***150.00 Principal Place of Business Mailing Address 6712 CAROLINE ST 6712 CAROLINE ST MILTON FL 32570 MILTON FL 32570 **ՐՈ**ՈՊՊՊԺ--3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0908245 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RALPH B WHITE WHITE, RALPH C Street Address (P.O. Box Number is Not Acceptable) US HIGHWAY 90 W 6712 CAPOLINE ST MILTON FL MILTON 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. RAIDH B. WHITE 4-28-2000 DATE: FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition Change PD TITLE Delete TITLE RALPH BARRY WHITE WHITE, RALPH C NAME NAME STREET ADDRESS 6712 CAPOLINE ST STREET ADDRESS US HIGHWAY 90, WEST CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 MILTON FL ☐ Addition Change Delete TITLE TITLE RALPH C WHITE NAME WHITE, RALPH BARRY NAME 6712 CATOLINE ST STREET ADDRESS STREET ADDRESS US HWY 90 WEST CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP MILTON, FL 00000 Addition ☐ Change ☐ Delete TITHE TITI F BETTOP OPORTION NAME WHITE, BETTY J NAME 12002 STREET ADDRESS STREET ADDRESS US HIGHWAY 90, WEST CITY-ST-ZIP CITY-ST-ZIP **MILTON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

CR2E034 (9/99