2000 UNIFORM BUSINESS REPORT (UBR) FILED Son 12 2000 S

Sep 12, 2000 8:00 am Secretary of State DOCUMENT # **P97000069864** 1. Entity Name APPLIANCE DIRECT II. INC. 06-20-2000 90004 007 ***150.00 Principal Place of Business Mailing Address 35 GOODWIN DR 397 N BABCOCK ST MERRITT ISLAND FL 32952 MELBOURNE FL 32935 20001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3464598 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TSAMOUTALES, NICHOLAS F Street Address (P.O. Box Number is Not Acceptable) 1900 PALM BAY ROAD NE STE G PALM BAY FL 32905 Zip Code FL 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ☐ Addition TITLE Delete TITLE PAK, SAM NAME NAME STREET ADDRESS STREET ADDRESS 110 EUREKA AVE NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Delete ☐ Change Addition TITLE TITLE CHOI, YONGSOK NAME NAME STREET ADORESS STREET ADDRESS 397 N BABCOCK ST CITY-ST-ZIP CITY-ST-7P **MELBOURNE FL 32935** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition 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 the 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 appropriate with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

A/10/00

34 25 3200

Daytime Phone #

☐ Change

☐ Addition