2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State DOCUMENT # 368055 1. Entity Name 05-09-2002 90041 014 ***150.00 ART'S TV & APPLIANCE, INC. OF FORT WALTON BEACH Principal Place of Business Mailing Address 527 MARY ESTHER CUT OFF 527 MARY ESTHER CUT OFF P. O. BOX 1330 P. O. BOX 1330 FORT WALTON BEACH FLA 32549-1330 FT. WALTON BCH. FL 32549-1330 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 59-1298680 Not Applicable Zip Country Zip 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 Name SCHWEIZER, ARTHUR F Street Address (P.O. Box Number is Not Acceptable) 250 VENTURA CIRCLE FORT WALTON BEACH FL 32548 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01) SCHWEIZER, JEFFERY L NAME NAME STREET ADDRESS 249 YACHT CLUB DRIVE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE SD Delete TITLE Change ☐ Addition NAME SCHWEIZER, JOAN A NAME STREET ADDRESS 250 VENTURA CIRCLE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME SCHWEISER, ARTHUR F NAME STREET ADDRESS 250 VENTURA CIRCLE STREET ADDRESS CITY-ST-7IP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

FILED