

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518197

1. Entity Name

CHUCK'S DISCOUNT APPLIANCE AND TV, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90162 008 ***150.00

Principal Place of Business

1125 N. DIXIE HWY.
LAKE WORTH FL 33460

Mailing Address

1125 N. DIXIE HWY.
LAKE WORTH FL 33460-2120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1701098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONATH, RANDELL
1125 N. DIXIE HIGHWAY
LAKE WORTH FL 33460

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	NICHOLS, ROBERT B. SR.	
STREET ADDRESS	2609 CARTER LANE	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DONATH, IRA C	
STREET ADDRESS	1125 NO. DIXIE HWY	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONATH, RANDELL	
STREET ADDRESS	1125 N. DIXIE HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randell Donath

Date

Daytime Phone #

2/21/00

561-588-3903

CR2E034 (9/99)