2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Jan 23, 2001 8:00 am **DOCUMENT # 518197 Secretary of State** CHUCK'S DISCOUNT APPLIANCE AND TV. INC. 01-23-2001 90108 023 ***158.75 Principal Place of Business Mailing Address 1125 N. DIXIE HWY. 1125 N. DIXIE HWY. LAKE WORTH FL 33460 LAKE WORTH FL 33460 B0008678 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-1701098 Not Applicable Zip 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 Name DONATH, RANDELL Street Address (P.O. Box Number is Not Acceptable) 1125 N. DIXIE HIGHWAY LAKE WORTH FL 33460 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) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete ☐ Change TITLE TITI F NICHOLS, ROBERT B. SR. NAME NAME STREET ADDRESS 2609 CARTER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 00000 Addition TITLE Delete ☐ Change NAME DONATH, IRA C NAME STREET ADDRESS 1125 NO. DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 00000 ---- Change Addition TITLE ☐ Delete DONATH, RANDELL NAME NAMÉ STREET ADDRESS 1125 N. DIXIE HIGHWAY STREET ADDRESS CITY-ST-7IP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 addres with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTO