2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State 518197 DOCUMENT # 1. Entity Name 02-26-2002 90071 035 ***158.75 CHUCK'S DISCOUNT APPLIANCE AND TV, INC. Mailing Address Principal Place of Business 1125 N. DIXIE HWY. 1125 N. DIXIE HWY. OLUUNO LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1701098 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONATH, RANDELL Street Address (P.O. Box Number is Not Acceptable) 1125 N. DIXIE HIGHWAY LAKE WORTH FL 33460 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 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 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NICHOLS, ROBERT B. SR. NAME NAME 2609 CARTER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DONATH, IRA C NAME STREET ADDRESS STREET ADDRESS 1125 NO. DIXIE HWY CITY-ST-ZIP LAKE WORTH, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME DONATH, RANDELL STREET ADDRESS STREET ADDRESS 1125 N. DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E034 (9/01

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.

FILED