## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 851365

1. Entity Name

SUNBEAM PRODUCTS, INC.



## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90237 011 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)  PLE. NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. SAME  12. LEVIN, JERRY W 2381 EXECUTIVE CTR DR.  13. Green Again State Address  14. Change  15. Certificate of Status Desired  7. Name and Address of New Registered Agent  PROPRIET ADDRESS  15. Certificate of Status Desired  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Change  17. Name and Address of New Registered Agent  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  19. Election Campaign Financing  19. Election Ca	ied For Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  5. Certificate of Status Desired  \$88,75 Addit Fee Required  7. Name and Address of New Registered Agent  Name  CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION FL 33324  City  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. I am familiar with, a the obligations of registered agent and ide if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and ide if applicable.  (NOTE: Registered Agent eignature required when reinstating)  PLEILE. NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Delete  ITILE  NAME  PCEO  Delete  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33431	ied For Applicable
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent  Name  CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION FL 33324  City  FL  City  FL  Zip Code  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE, NAME  STREET ADDRESS  STREET ADDRESS  2838 I EXECUTIVE CTR DR.  STREET ADDRESS  CITY-ST-ZPP  BOCA RATON FL 33431  Country  5. Certificate of Status Desired   \$8.75 Addit Fee Required Agent Agent Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  And Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Cit	Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  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. I am familiar with, a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)  PLE. NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. SAME  12. LEVIN, JERRY W 2381 EXECUTIVE CTR DR.  13. Green Again State Address  14. Change  15. Certificate of Status Desired  7. Name and Address of New Registered Agent  PROPRIET ADDRESS  15. Certificate of Status Desired  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Change  17. Name and Address of New Registered Agent  18. Street Address (P.O. Box Number is Not Acceptable)  18. Street Address (P.O. Box Number is Not Acceptable)  19. Election Campaign Financing  19. Election Ca	Applicable
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Dall Ottober	<b>T</b> Addition
TITLE EVCF  NAME  STREET ADDRESS  CITY-ST-ZIP  EVCF  STREET ADDRESS  CITY-ST-ZIP  EVCF  NAME  JOHN W. FRE DEFICE  Change  AME  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33431  CITY-ST-ZIP  CHANGE  TITLE  SEV.F OF THE DEFICE  Change  AME  JOHN W. FRE DEFICE  CHANGE  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33431	EIVE
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TITLE VPT Delete TITLE Change  NAME RICHTER, RONALD R  STREET ADDRESS CITY-ST-ZIP  BOCA RATON FL 33431  TITLE Change  NAME  STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE VPT Delete TITLE NAME TOTTE, ROBERT NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TILE Nereby 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

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 10 or Block 11 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

-10:05 361-913-410 Date Daytime Phone # CR2E034 (1