2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F27785 May 01, 2000 8:00 am 1. Entity Name Secretary of State SUN TV APPLIANCES, INC. 05-01-2000 90315 027 ***150.00 Principal Place of Business Mailing Address 1202 PINE ISLAND RD 1202 PINE ISLAND RD CAPE CORAL FL 33909-2197 CAPE CORAL FL 33909-2197 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2077807 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERS, SANFORD JR Street Address (P.O. Box Number is Not Acceptable) 1202 PINE ISLAND RD CAPE CORAL FL 33909 Zip Code FL 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. DVST Addition Change TITLE TITLE ☐ Delete PETERS, SANFORD III NAME NAME 1552 BEECHWOOD TRL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Change DP ☐ Addition TITLE Delete PETERS, SANFORD JR NAME NAME 5524 PERNOD DR SW STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 attachapent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

funford Peters III VF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTEORD PETERS TH

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