2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am **DOCUMENT # F47813 Secretary of State** 1. Entity Name ALL APPLIANCE PARTS OF SARASOTA, INC. 02-09-2001 90113 043 ***150.00 Principal Place of Business Mailing Address 3156 BEE RIDGE ROAD 3156 BEE RIDGE ROAD SARASOTA FL 34239 SARASOTA FL 34239 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 59-2126317 Not Applicable Zip Country Zip 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 KOVAC, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 3156 BEE RIDGE ROAD SARASOTA FL 34239 City 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. X Change Addition TITLE ☐ Delete TITLE KOVAC, STEPHEN J. NAME NAME 3156 BEE RIDGE ROAD STREET ADDRESS STREET ADDRESS Same CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE ☐ Change Elizabeth H. Kovac NAME NAME 3156 Bee Ridge Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34239 ☐ Delete ☐ Change ✓ Addition Christian J Kovac NAME NAME STREET ADDRESS STREET ADDRESS 4064 Prescott St. CITY-ST-ZIP CITY-ST-ZIP 5arasota FL 34232 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS 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 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/31/01 941-923-3437
Date Daytime Phone #