2002 Uniform Business Report (UBR)

Apr 04, 2002 8:00 am \$ Secretary of State ... **DOCUMENT #** G11145 1. Entity Name GM APPLIANCE WAREHOUSE, INC. Principal Place of Business Mailing Address % CURTIS MURPHY % CURTIS MURPHY 1217 HARRISON AVENUE 1217 HARRISON AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2244012 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURPHY, CURTIS Street Address (P.O. Box Number is Not Acceptable) 1217 HARRISON AVENUE PANAMA CITY FL 32401 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$50.00 Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME MURPHY, CURTIS NAME STREET ADDRESS 22500 FRONT BEACH RD. #126 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change STD NAME NAME GRANT, JAMES STREET ADDRESS STREET ADDRESS 7434 LOIS ST. CITY-ST-ZIP CITY-ST-ZIP CALLOWAY FL Delete ☐ Change Addition TITLE TITLE NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachmen

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 eport 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 of 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

FILED