

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G14252

1. Entity Name

SATELLITE T.V. & APPLIANCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90158 023 ***150.00

Principal Place of Business

Mailing Address

4647 NW 6TH STREET
 STE F
 GAINESVILLE FL 32609
 US

4647 NW 6TH STREET
 SUITE F
 GAINESVILLE FL 32609-1788
 US

2. Principal Place of Business

3. Mailing Address

4647 NW 6TH STREET

4647 NW 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE H

SUITE H

City & State

City & State

GAINESVILLE, FL

GAINESVILLE

Zip

Country

Zip

Country

32609-1788

US

32609-1788

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, EDWARD R.
 5621 NW 25TH TERRACE
 GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Edward R. Garner EDWARD R. GARNER PRESIDENT

4/27/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, EDWARD R.		NAME	
STREET ADDRESS	5621 NW 25TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, EDWARD R.		NAME	
STREET ADDRESS	5621 NW 25TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, EDWARD R.		NAME	
STREET ADDRESS	5621 NW 25TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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

Edward R. Garner EDWARD R. GARNER

4/27/00

352-375-6505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #