2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G44820 1. Entity Name APPLIANCE KING OF AMERICA, INC. Principal Place of Business Mailing Address 101 S.E. 4TH AVE. 101 S.E. 4TH AVE. P.O. BOX 3023 P.O. BOX 3023 DELRAY BEACH FL 33447-3023 DELRAY BEACH FL 33447-3023 2. Principal Place of Business 3. Mailing Address

FILED Mar 01, 2001 8:00 am Secretary of State 03-01-2001 90012 028 ***158.75



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Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
		City & State			4.	4. FEI Number 59-2552855					plied For	
Zip Country Zip			Zip	Country							Not Applicable 3.75 Additional e Required	
	6. Name and Address of Curi	rent Reg	istered Agent	<u></u>		7. 1	Name and A	ddress of N	lew Regis			
COSTANZO, JAMES F SR 9183 CHIANTI CT BOYNTON BEACH FL 33437					Name							
					Street Address (P.O. Box Number is Not Acceptable)							
					City					Fl	Zip Cod	e
8. The above	named entity submits this stateme	ent for the	nurpose of changing its	register	ed office or	registered ac	ent or both	in the State	of Florida			
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SIGNATURE _												
Oldi Willion E	Signature, typed or printed name of registered	agent and t	tle if app icable. (NOT	E: Reg:store	d Agent signatu	e required when r	einstat.ng)		 .	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW After MAY 1, 20 Make Check Payal	will be \$5	ill be \$550.00 Trust Fund Contribution				ng		00 May Be	
11.	OFFICERS /	AND DIF	RECTORS	12.		A	DDITIONS/C	HANGES TO	OFFICER	RS AND E	IRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COSTANZO, JAMES F. 9183 CHIANTI CT BOYNTON BEACH FL		☐ Delete							[☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTANZO, DIANE R. 9183 CHIANTI CT BOYNTON BEACH FL		☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DOVEY, DON 1911 HIGH RIDGE ROAD LAKE WORTH FL		☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	Addition
TITLE NAME SYREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	Additio

changed, or on an attachment with an address, with all other like empowered,

PRINTED NAME OF SIGNING ICER OR DIRECTOR