

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **H97592**

1. Entity Name
NINEHouser APPLIANCES, INC.



Principal Place of Business
6 JAMES NINEHouser
101961 OVERSEAS HIGHWAY
KEY LARGO FL 33037

Mailing Address
6 JAMES NINEHouser
101961 OVERSEAS HIGHWAY
KEY LARGO FL 33037

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

4. FEI Number **59-2643923** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSNER, MARY L
232 2ND RD
KEY LARGO FL 33032

Name **James Ninehouser**

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

101961 OVERSEAS H

City *Key Largo Fl*

FL *33037*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James Ninehouser*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** Delete
NAME **MOSNER, MARY L**
STREET ADDRESS **232-ND RD**
CITY-ST-ZIP **KEY LARGO FL 33032**

TITLE **VP** Change Addition
NAME **MARY MOSHER**
STREET ADDRESS **232 2 RD**
CITY-ST-ZIP **Key Largo FL 33037**

TITLE **P** Delete
NAME **NINEHouser, JAMES**
STREET ADDRESS **101961 OS HWY**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Ninehouser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

305-451-9999

Date

Daytime Phone #

CR2E034 (10/02)