2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 01, 2001 8:00 am **DOCUMENT # K00388 Secretary of State** 1. Entity Name BADGER APPLIANCE, INC. 02-02-2001 90263 010 ***150.00 Principal Place of Business Mailing Address % SHANE PLATT SHANE PLATT 2316 GULF GATE DR. 2316 GULF GATE DR. SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 2266 Gulf 2266 Gul Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0099136 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PLANT, SHANE Street Address (P.O. Box Number is Not Acceptable) 4741 CAMPHOR AVE EVERSHEEN WEST SARASOTA FL 34231 8. The above named entity submits this statement for the purgess of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating DATE 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. -(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CRZE034 (10/00) TITLE TITLE & Defete PLATT, SHANE NAME NAME STREET ADDRESS 474 DEAMPHOR AVE. STREET ADDRESS BARASOTA FL. CITY-ST-ZIP CITY-ST-ZIP President TITLE Delete TITLE ☐ Addition THEILER, MARK NAME NAME Theiler, MARK SArASOTA, FI STREET ADDRESS 3031 GOODWATER STREET STREET ADDRESS 3031 Goodwater St. CITY-ST-ZIP CITY-ST-2IP SARASOTA FL Dolate TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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-SI-7IP TITLE ☐ Delete TITLE ☐ Change ~ ~ ☐ 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 eath; 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.

Data

Daytime Phone #

FILED