FILED

813-996-6277

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🚄

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # L37561 1. Entity Name MOFARLANE'S APPLIANCE CENTER, INC. 04-23-2002 90425 009 ***150.00 McFarlane Enterprises, Inc. Principal Place of Business Mailing Address 4610 LAND O'LAKES BLVD. 21642 OCEAN PINES DR LAND O'LAKES FL 34639 LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address 21642 Ocean Pines Dr. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Land O'Lakes, FL 34639 City & State 4. FEI Number Applied For 59-2980628 Not Applicable Country Country Zip \$8.75 Additional ----5: Certificate of Status Desired ---34639--Pasco -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeffrey S. Rausch HILL, JOY M. Street Address (P.O. Box Number is Not Acceptable) RUSCH PLAZA <u>18525 Monteverde Drive</u> SUITE 112 N DALE MABRY . **LUTZ FL 33549** Zip Code 34610 Spring Hill 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. Jeffrey S. Rausch, Vice President 4/8/02 ent and title if applicable. (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 Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME MCFARLANE, DIANNE E. NAME STREET ADDRESS 21642 OCEAN PINES DR. STREET ADDRESS CITY-ST-ZIP Land o lakes fl 34639 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME MAFARLANE, THOMAS E. NAME STREET ADDRESS 21642 OCEAN PINES DR, STREET ADDRESS CITY-ST-ZIP Land o lakes fl 34639 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME RAUSCH, JEFFREY S. NAME STREET ADDRESS 18525 MONTEVERDE DR STREET ADDRESS CITY-ST-7IP SPRING HILL FL 34610 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.