## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # M99775** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name B&L T.V. & APPLIANCE SERVICE, INC. 04-10-2000 90022 026 \*\*\*150.00 Principal Place of Business Mailing Address 3376 LAKE WORTH ROAD 3376 LAKE WORTH ROAD LAKE WORTH FL 33461-2947 LAKE WORTH FL 33461 3. Mailing Address 2. Principal Place of Business JOSY MANIA Drive Suite, Apt. #, etc. 1064 MANOR Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0075430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YEATTS, BOBBY Street Address (P.O. Box Number is Not Acceptable) 3376 LAKE WORTH ROAD LAKE WORTH FL 33461 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. Bo 354 Veatts ble. (NOTE. Registered Agent signature require FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. . Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \*\* ·= ] ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. NAME ... ~<sub>P</sub>y - 大砂 - □ - Delete py - 大松 YEATTS, BOBBY "一"。铁匠 外门边。 经外贷 NAME 1664 MANOR OFILE STREET ADDRESS 3376 LAKE WORTH ROAD STREET ADDRESS Palm Springs, Fl. 3341) Change [ LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

Daytime Phone #