

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91300 037 ***150.00

DOCUMENT # P00000084860

1. Entity Name

CARTER-THOMPSON APPLIANCE CENTER, INC.

Principal Place of Business

5859 WEST COLONIAL DRIVE
 ORLANDO FL 32808

Mailing Address

5859 WEST COLONIAL DRIVE
 ORLANDO FL 32808

655864

2. Principal Place of Business

5859 W. Colonial
 Suite, Apt. #, etc.

3. Mailing Address

5859 W. Colonial
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Orlando, FL

Zip
 32808

Country
 orange

City & State
 Orlando, FL

Zip
 32808

Country
 orange

4. FEI Number
 59-3671385

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM M
 5859 WEST COLONIAL DRIVE
 ORLANDO FL 32808

Name
 Lisa R. Carter

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

5859 W. Colonial Dr.

City Orlando FL Zip Code 32808

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.

SIGNATURE *Lisa R. Carter*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Delete
 NAME William M Thompson
 STREET ADDRESS 5859 W. Colonial Dr.
 CITY-ST-ZIP Orlando FL 32808

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Vice President ☐ Delete
 NAME Jeff Carter
 STREET ADDRESS 5859 W. Colonial Dr.
 CITY-ST-ZIP Orlando FL 32808

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Secretary ☐ Delete
 NAME Lisa R. Carter
 STREET ADDRESS 5859 W. Colonial
 CITY-ST-ZIP Orlando FL 32808

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Treasurer ☒ Delete
 NAME Rocio Thompson
 STREET ADDRESS 5859 W. Colonial
 CITY-ST-ZIP Orlando FL 32808

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

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 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.

SIGNATURE: *Lisa R. Carter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 (407) 522-8888
 Date Time Phone #

CR2E034 (10/00)