2002 UNIFORM BUSINESS REPORT (UBR) Jul 23, 2002 8:00 am DOCUMENT # P01000076776 **Secretary of State** 1. Entity Name AMERICA'S ELECTROINC WAREHOUSE, INC. 07-23-2002 90340 007 ***150.00 Principal Place of Business Mailing Address 5630 WEST ATLANTIC AVENUE 5630 WEST ATLANTIC AVENUE HIII31/44 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address <u>5690 W. Atlantic</u> Ave 5690 W. Atlantic Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 108 <u>08</u> City & State City & State 4. FEi Number Applied For Delra 65-1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 334 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent)errick DUKES, DERRICK Street Address (P.O. Box Number is Not Acceptable) 5630 WEST ATLANTIC AVENUE 108 **DELRAY BEACH FL 33484** era 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 the obligations of registered agent. <u>Derrick</u> 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing 'Tax filing requirement and elects to do so After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -Chairman TITLE President TITLE CR2E034 (4/02) Addition Desrick NAME 5690 West Atlantic Are. 108 M. Dukes STREET ADDRESS 5690 W. Allantic Ave. 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE **Change** Addition NAME NAME STREET ADDRESS 5690' W. Atlantic Ave. 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ~ □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.