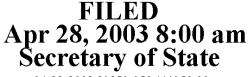
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P01000105901 **DOCUMENT #** 1. Entity Name GIBSON APPLIANCES, INC.



04-28-2003 91271 050 \*\*\*150.00

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			WE TEST	7		
Principal Place of Business Mailing Address 4612 E BROADWAY AVE 4612 E BROADWAY AVE TAMPA FL 33805-4612 TAMPA FL 33605-4612					<u> </u>	
	Place of Business  F & P.O. A. N. L. A.	3. Mailing Address		<u> </u>	,1811	
Suite, Apt. #, etc.  Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State  City & State				4. FEI Number 59-3753965	Applied For Not Applicable	
3360		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Register	ed Agent	
OIDCON	OUDIO E		Name			
GIBSON, CHRIS E 1825 69 AVE NORTH			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
ST PETERSBURG FL 33702						
	<i>p</i>		City		FL Zip Code	
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 familiar with, and accept the obligations of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	legistered Agent signature requir	red when reinstating) DA	VIE .	
FILE NOW!!! FEE IS \$150.00						
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		<ol> <li>9. Efection Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	GIBSON, CHRIS E	□ Delete	NAME		C onlings C / Mariton	
STREET ADDRESS	1825 69 AVE NORTH		STREET ADDRESS		]	
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP"			
TITLE	VP	☐ Delete	TITLE		Change Addition	
NAME	Mober, Laura j		NAME			
STREET ADDRESS	1825-69TH AVENUE NORTH		STREET ADDRESS		}	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	<u> </u>	CITY-ST-ZIP	<u> </u>	~ ;	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY~ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		□ Delete	NAME			
STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP		1	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP			
12 Uhereby o	ertify that the information supplied with the	sia filipa doos not avalify for th	a avamatica stated in S	Paction 110 07/21/i) Florida Statutan Liturthon	portification the information	

Final by dentity that the information supplied with this filling does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.