2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000109292 **DOCUMENT#**

1. Entity Name



FILED Mar 12, 2003 8:00 am Secretary of State

ADVANCE APPLIANCE PARTS, INC.				03-12-2003 90008 031	130.00	
Principal Place of Business 271 N BABCOCK ST MELBOURNE FL 32935		Mailing Address 271 N BABCOCK ST MELBOURNE FL 32935				
		÷	•		JUL 18110 HOLD HOLD HOLD HOLD	
2. Principal Place of Business		3. Mailing Address			///B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 59-3755820	Applied For	
Ζiρ	Country	Zìp	Country	5. Certificate of Status Desired	Not Applicable 88.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered A		
Spurlock, Richard J			Name	Name		
	EWOOD DR.	Street Address		P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32935						
, · · · · ·			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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
title Name	DPST SPURLOCK, RICHARD J	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1216 PINEWOOD DR. MELBOURNE FL 32935		STREET ADDRESS 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 STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE	[☐ Change ☐ Addition	
STREET ADDRESS			NAME 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 STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	•		
12. I hereby c	ertify that the information supplied with	this filing does not qualify f	or the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify	that the information	

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.

CR2E034 (10/02)