## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State P93000041130 DOCUMENT # 1. Entity Name 04-02-2002 90058 042 \*\*\*150 00 AA APPLIANCES AND FURNITURE, INC. Principal Place of Business Mailing Address 3080 66TH STREET N. 5900 66TH STREET N. UNIT N ST. PETERSBURG FL 33709 PETERSBURG FL 33709 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3189016 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 ND GUSTIN, JERRY S. JR 5900 5980-66TH STREET N. ST. PETERSBURG FL 33709 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent/or botyl, he State of Florida (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TITI F TITLE ☐ Delete NAME GUSTIN, JERRY S JR NAMÉ **CR2E034** 5980-66TH STREET N., UNIT U STREET ADDRESS STREET ADDRESS ST. PETERSBURG EL 33709 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME ÑAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 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 the steep proved 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 a all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR