

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90112 048 \*\*\*158.75

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**DOCUMENT # P94000044550**

1. Entity Name  
**STATEWIDE APPLIANCE, INC.**



Principal Place of Business  
**417 18TH AVE  
INDIAN ROCKS BEACH FL 33785  
US**

Mailing Address  
**417 18TH AVE  
INDIAN ROCKS BEACH FL 33785  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, FRANK  
417 18TH AVE  
INDIAN ROCKS BEACH FL 33785**

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

**FILE NOW!!! FEE IS \$150.00  
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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALLACE, FRANK W</b>	
STREET ADDRESS	<b>PO BOX 444</b>	
CITY-ST-ZIP	<b>INDIAN ROCKS BEACH FL 33785</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>Sam Cardinale</b>	
STREET ADDRESS	<b>8442 Boxwood Dr. Tampa, Fl.</b>	
CITY-ST-ZIP	<b>33634</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Steve, DeRolf</b>	
STREET ADDRESS	<b>37325 Kossik Road</b>	
CITY-ST-ZIP	<b>Zypherhills, Fl. 33541</b>	<input type="checkbox"/> Delete
TITLE	<b>Treasure</b>	<input type="checkbox"/> Delete
NAME	<b>Mike Thornton</b>	
STREET ADDRESS	<b>37325 Kossik Road</b>	
CITY-ST-ZIP	<b>Zypherhills, Fl. 33541</b>	<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK WALLACE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank Wesley Wallace*  
4-9-03 813-310-9676  
Date Daytime Phone #

CR2E034 (10/02)