2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P94000080265

1. Entity Name

AMERICAN APPLIANCES OF OCALA, INC.



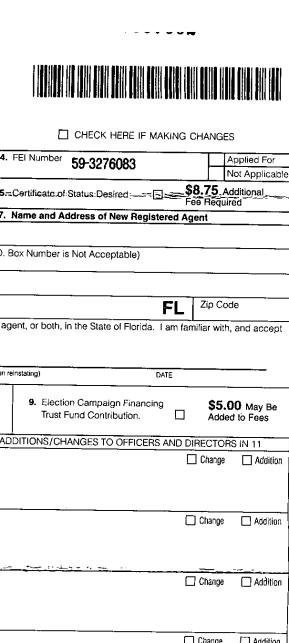
Principal Place of Business 6156 SW STATE RD 200 OCALA FL 34476

Mailing Address 6156 SW STATE RD 200 OCALA FL 34476

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

**FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90225 011 \*\*\*150.00



							- OFFICK HEIZE II	MAKING	CHANGES	5	
City & Sta		City &	City & State			4. FEI N	4. FEI Number 59-3276083			Applied For	
Zip Country		Zip		Country	Country					lot Applicable	
		=					======================================		\$8.75 Additional Fee Required		
	6. Name and Address of Current		<del>-</del>	7. Name	and Address of New Peo		•	eu			
· · · · · · · · · · · · · · · · · · ·					7. Name and Address of New Registered Agent Name						
GROSS,	BONNIE			<u> </u>			· · · · · · · · · · · · · · · · · · ·			_	
6156 SW STATE RD 200				5	Street Address (P.O. Box Number is Not Acceptable)						
OCALA F	L 34476			-	<del></del>		<del></del>			<del></del> -	
	,										
			City		Dity	-	<u> </u>	FL	Zip Coc	de .	
8. The above	e named entity submits this statement for	or the purpose	of changing its re	anistered o	office or register	rod agent e	hash to the Occasion of the				
the obliga	tions of registered agent.	, the purpose	or changing its re	egistereu t	onice or register	eo agent, or	both, in the State of Florid	a. I am fa	miliar with,	, and accept	
	:										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicab	ila (NOTE I	Da - i - a - a - a - a - a - a - a - a -			·				
777	1	and the ii applicab	in (NOTE: F	negistered Age	ent signature required	when reinstating	)) 	DATE		. —	
- 147 W F	ILE NOW!!! FEE IS \$150.00					ا ،	Floation Community 5	,			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						<ol> <li>Selection Campaign Financin</li> <li>Trust Fund Contribution.</li> </ol>				<b>)0</b> May Be d to Fees	
·							Tracti dita continuation.	LJ	Audet	u to rees	
10. OFFICERS AND DIRECTORS				11.		ADDITIO	NS/CHANGES TO OFFICE	RS AND E	RECTOR	S IN 11	
TITLE	D COOSE BONNIE		☐ Delete ·	TITLE			<del>-</del>		Change	☐ Addition	
NAME	GROSS, BONNIE 6156 SW STATE RD 200		l	NAME	1			_	_ •		
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	COALATE			CITY-ST-2	ZIP						
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TY-ST-ZIP				STREET ADD CITY-ST-ZII							
2. Thereby ca	ertify that the information supplied with	his filing door	not avalle for the								

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposed of the corporation or an attachment with an address, with all other the proposed of the corporation of the corporation of the receiver or trustee empowered to execute its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #