2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachme

SIGNATURE:

May 06, 2002 8:00 am Secretary of State DOCUMENT # P95000076622 1. Entity Name 05-06-2002 90098 042 ***150.00 APPLIANCE CONNECTION OF JACKSONVILLE, INC. Principal Place of Business Mailing Address C/O CAROL GERARD 5648 SW 104 TERR. 5648 SW 104 TERRACE GAINESVILLE FL 32608 GAINESVILLE FL 32608 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3339026 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Eileen 1220 GERARD, CAROL (P.O. Box Number is Not Acceptable) 5648 SW 104 TERR **GAINESVILLE FL 32608** Zip Code 34/08 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME POTOLICCHIO, ROD NAME STREET ADDRESS 8055 COPENHAGEN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** Change ☐ Addition ☐ Delete TITLE ₹/ILE NAME NAME GERARD, CAROL STREET ADDRESS STREET ADDRESS 5648 SW 104 TERR. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 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-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 receiptror trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered

FILED