

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90053 020 ***158.75

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DOCUMENT # P95000097393

1. Entity Name
PLOWMAN APPLIANCE, INC.

Principal Place of Business
**5585 2ND AVENUE
 KEY WEST FL 33040**

Mailing Address
**5585 2ND AVENUE
 KEY WEST FL 33040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
311 Avenue F
 Suite, Apt. #, etc.

City & State
Key West FL

4. FEI Number
65-0596792

Applied For
 Not Applicable

Zip Country
33040 USA

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

6. Name and Address of Current Registered Agent

**PLOWMAN, PATRICK
 5585 2ND AVENUE
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
311 Avenue F
 City **Key West FL** Zip Code **33040**

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.

SIGNATURE *Patrick Plowman*
Signature, typed or printed name of registered agent and title if applicable

3/15/02
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE *Patrick Plowman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02 **305-292-9873**
Date Daytime Phone #

CR2E034 (9/01)