

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

0030269  
AV

07-09-2003 90045 025 \*\*\*550.00

DOCUMENT # **P95000097393**



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

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

Mailing Address  
**311 AVENUE  
KEY WEST FL 33040**



2. Principal Place of Business  
**311 AVE F**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**KEY WEST FLA.**

City & State  
**KEY WEST FLA.**

Zip  
**33040**

Country  
**USA.**

Zip  
**33040**

Country  
**USA.**

4. FEI Number **65-0596792**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PLOWMAN, PATRICK  
311 AVENUE F  
KEY WEST FL 33040**

Name  
**P. I.**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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>PLOWMAN, PATRICK</b>
STREET ADDRESS	<b>5585 2ND AVENUE</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: **Patrick PLOWMAN** 7/7/03 305-272-4872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
305 304-3175

CR2E034 (4/03)