

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90010 017 ***150.00

DOCUMENT # P97000010648

1. Entity Name
WHY BUY NEW APPLIANCES INC.

Principal Place of Business Mailing Address
5648 SOUTH RIDGEWOOD AVE. **5648 SOUTH RIDGEWOOD AVE.**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5660 South Ridgewood AVE **5660 S. Ridgewood AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Orange - **Port Orange**

Zip Country Zip Country
32127 **Volusia** **32127** **Volusia**

4. FEI Number Applied For
59-3506573 Not Applicable

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

6. Name and Address of Current Registered Agent

HASTINGS, JAMES JR.
6227 KLONDIKE DR.
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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.

SIGNATURE: *James Hastings Sr.* DATE: **3/26/02**
Signature, typed or printed name of registered agent and title if applicable. (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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HASTINGS, JAMES SR | |
| STREET ADDRESS | 6227 KLONDIKE DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FAIR, RICHARD SCOTT | |
| STREET ADDRESS | 1930 MANOR WAY | |
| CITY-ST-ZIP | DELAND FL 32720 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 | |
| CITY-ST-ZIP | |

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

SIGNATURE: *James Hastings Sr.* Date: **3/26/02** Daytime Phone #: **386-756-5592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)