

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
5648 SOUTH RIDGEWOOD AVE.
PORT ORANGE FL 32127

Mailing Address
5648 SOUTH RIDGEWOOD AVE.
PORT ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5660 South Ridgewood AVE

3. Mailing Address
5660 S. Ridgewood AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Orange - FL

City & State
Port Orange - FL

4. FEI Number **59-3506573**

Applied For
 Not Applicable

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

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

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

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

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* **3/26/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

0013136

CR2E034 (9/01)