## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am Secretary of State DOCUMENT # P97000096431 1. Entity Name 05-12-2002 90554 048 \*\*\*150.00 APPLIANCES INTERNATIONAL, INC. Principal Place of Business Mailing Address 1735 PASADENA AVENUE SOUTH 1135 PASADENA AVENUE SOUTH SUITE 240 SUITE 240 SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address 45 Terr.S 2648 58 to Tem S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3474883 St. Petersburg at. Petersburg Not Applicable **337/ユ** ご37/2 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, JAMES Street Address (P.O. Box Number is Not Acceptable) 2648 58TH TERRACE SOUTH ST. PETERSBURG FL 33712 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete CR2E034 (9/01) TITLE ☐ Addition Change NAME JOHNSON, JAMES D NAME 2648 58TH TERRACE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME LAYTON, WILLIAM G NAME 315 Connestee Trail STREET ADDRESS 5950 PELICAN BAY PLAZA #904 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULFPORT FL 33707 Brevard NC 287/2 ☐ Delete ☐ Change ☐ Addition NAME NAME \_ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

FILED