2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045637

1. Entity Name
JOHN'S APPLIANCE, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90229 002 ***150.00

Principal Place of Business 266 SE WALTERS TERRACE PORT ST. LUCIE FL 34983		Mailing Address 266 SE WALTERS TERRACE PORT ST. LUCIE FL 34983					
	·						
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0833961 Applied For Not Applicable	e	
Zip	Country	Zip		untry	5. Certificate of Status Desired S8.75 Additional Fee Required	1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KANE, JOHN				Name			
266 SE WALTERS TERRACE				Street Address (P.O. Box Number is Not Acceptable)			
PORT ST	r. Lucie fl 34983			<u>.</u> .		-	
ļ				City	FL Zip Code	\dashv	
8. The abov	re named entity submits this statement for attended agent.	or the purpose of ch	anging its registe	ered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	-	
inc obliga	ations of registered agent.						
SIGNATURE		<u> </u>			<u> </u>		
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	red Agent signature requ	uired when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00					1	
Make Chec	er May 1, 2003 Fee will be \$550.00 ek Payable to Florida Department o				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.					Added to Fees		
TITLE	OFFICERS AND DIRECTORS		. 11	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	1	
NAME	KANE, JOHN		1		☐ Change ☐ Addition	ି ର	
STREET ADDRESS	000 OF 1444 TEOR TEOR		NA.			5	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983			REET ADDRESS Y-ST-7IP		3,4	
TITLE						CR2E034 (10/02)	
NAME	1	□ D			☐ Change ☐ Addition	18	
			NA	VIE		1	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ---☐ Delete TITLE ☐ Change ☐ Addition NAME 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 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

SIGNATURE SIGNATURE AND TYPE OR PRINTED MANY OF THE PARTY OF THE PARTY

2 -/2 -03 772 -344-1444 Date Dating Phone #