2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like impowered

SIGNATURE:

Jan 26, 2001 8:00 am DOCUMENT # P99000009415 **Secretary of State** APPLIANCE PLUS CONSUMER SERVICES, INC. 01-26-2001 90078 002 ***150.00 Principal Place of Business Mailing Address 2526 MCJENKINS ROAD 2526 MCJENKINS ROAD LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3553846 ARGO ARGO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRICE, DONALD E Street Address (P.O. Box Number is Not Acceptable) 2526 MCJENKINS ROAD LAKELAND FL 33803 City LARGO 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 🔏 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001-Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete PRICE, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 52289 2ND AVE NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 TITLE Delete TITLE ☐ Addition NAME HUSBAND, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1220 GREEN VALLEY COURT CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 VP/S/T TITLE ☐ Delete TITLE Addition 🔽 NAME TORO, JAVIER ---- ---NAME STREET ADDRESS STREET ADDRESS 1511 CRYSTAL LAKE DRIVE CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33801 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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