

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057511

1. Entity Name

KENNY LEE'S APPLIANCES INC.

Principal Place of Business

102 EAST CENTRAL BLVD STE 8
CAPE CANAVERAL FL 32920

Mailing Address

102 EAST CENTRAL BLVD STE 8
CAPE CANAVERAL FL 32920-2606

2. Principal Place of Business

109 Buchanan Ave

3. Mailing Address

109 Buchanan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL

City & State

CAPE CANAVERAL

Zip

32920

Country

32920

Country

4. FEI Number

59-3585675

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

RENWICK, KENNETH L
102 EAST CENTRAL BLVD STE 8
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

109 Buchanan Ave

City

CAPE CANAVERAL

FL

Zip Code
32920

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)

DATE

4/25/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D RENWICK, KENNETH L 102 EAST CENTRAL BLVD STE 8 CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	109 Buchanan Ave CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth Lee Renwick President* 4/25/00 '321 799-9103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #