FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am DOCUMENT # P99000073038 **Secretary of State** BOCA APPLIANCE CARE, INC. 03-28-2001 90194 047 ***150.00 Principal Place of Business Mailing Address 4301 OAK CIRCLE. SUITE #13 4301 OAK CIRCLE, SUITE #13 BOCA RATON FL 33431___ **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0953048 Not Applicable Zip Country Country \$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 Name SKIBA, JOSEPH K Street Address (P.O. Box Number is Not Acceptable) 4301 OAK CIRCLE, SUITE #13 **BOCA RATON FL 33481** 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) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete ☐ Change Addition TITLE TITLE SKIBA, JOSEPH J NAME NAME STREET ADDRESS 4301 OAK CIRCLE, SUITE #13 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33481** ☐ Delete TITLE ☐ Addition TITLE COOPER, RONALD J NAME NAME 4301 OAK CIRCLE, SUITE #13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33481** TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE 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

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:

SHAPE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 561 3535798