2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P99000096231 1. Entity Name HART'S T.V. & ELECTRONIC SERVICE, INC. 03-21-2000 90082 044 ***150.00 Mailing Address Principal Place of Business 110 N. GREENWOOD AVENUE 110 N. GREENWOOD AVENUE CLEARWATER FL 33755-4525 CLEARWATER FL 33755 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State <u>59-3610055</u> Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -SITTON, LARRY Street Address (P.O. Box Number is Not Acceptable) 110 N. GREENWOOD AVENUE CLEARWATER FL 33755 Zip Code City FL 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) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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 12. 11. Addition TITLE ☐ Delete TITLE Change NAME SITTON, LARRY NAME STREET ADDRESS STREET ADDRESS 110 N. GREENWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** Delete Change Addition TITLE TITLE REAVIS, MARVIN JR NAME NAME STREET ADDRESS STREET ADDRESS 110 N. GREENWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33755** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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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: Multiped or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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