

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072877

1. Entity Name  
ABCO APPLIANCE REPAIR INC.

FILED  
02 JUL 22 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8180 BRINDISI LANE  
BOYNTON BEACH FL 33437

Mailing Address  
8180 BRINDISI LANE  
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4531 MARINERS COVE DR  
Suite, Apt. #, etc.

3. Mailing Address  
4531 MARINERS COVE DR  
Suite, Apt. #, etc.

City & State  
WELLINGTON FLA

City & State  
WELLINGTON FLA

Zip  
33467

Country

Zip  
33467

Country

4. FFR Number  
65-1125966

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIMELFARB, JEFFREY  
8180 BRINDISI LANE  
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name  
JEFFREY HIMELFARB

Street Address (P.O. Box Number is Not Acceptable)  
4531 MARINERS COVE DR

City  
WELLINGTON FL Zip Code  
33467

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 JEFFREY HIMELFARB

4-29-2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE NAME JEFFREY HIMELFARB STREET ADDRESS 4531 MARINERS COVE DR. CITY-ST-ZIP WELLINGTON FL 33467	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Jeffrey Himelfarb  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 561-793-3890  
Date Daytime Phone #

CR2E034 (9/01)