

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90048 034 ***150.00

DOCUMENT # 516452

1. Entity Name

PETE'S APPLIANCE PARTS, INC.

Principal Place of Business

**4009 W. HALLANDALE BLVD.
 HOLLYWOOD FL 33023**

Mailing Address

**4009 W. HALLANDALE BLVD.
 HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1691730**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, PETER

4000 S.W. 193RD LANE

FT. LAUDERDALE FL 33332

*1560 Sweet Bay Way
 Hollywood FL 33019*

Name

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

City

FL

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)

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, 2001 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 **PVD**
 NAME **SHAW, PETER R.**
 STREET ADDRESS **1560 SWEET BAY WAY**
 CITY-ST-ZIP **HOLLYWOOD FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD**
 NAME **HENSLEY, LINDA S**
 STREET ADDRESS **2 FRANKLIN CT**
 CITY-ST-ZIP **DESOTO MO**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **SPEARMAN, MICHELLE L**
 STREET ADDRESS **11159 63RD LANE N.**
 CITY-ST-ZIP **ROYA PALM FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **SHAW, PATRICK A.**
 STREET ADDRESS **4617 SW 31ST DR**
 CITY-ST-ZIP **HOLLYWOOD FL**

☐ Delete

TITLE
 NAME *Patrick Shaw*
 STREET ADDRESS *11224 63 Lane N*
 CITY-ST-ZIP *Royal Palm Bch FL*

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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: *X Patrick A Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01 9549633754
 Date Daytime Phone

CR2E034 (10/00)