

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 527547

1. Entity Name

APPLIANCE PARTS HEADQUARTERS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90032 008 ***150.00

Principal Place of Business

Mailing Address

6460 126TH AVE. NORTH

6460 126TH AVE. NORTH

LARGO FL 33773

LARGO FL 33773-3013

USA

US

2. Principal Place of Business

3. Mailing Address

12401 S. BELCHER RD

12401 S. BELCHER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

City & State

City & State

LARGO FL

LARGO FL

Zip

33773

Country

US

Zip

33773

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1725884

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

DELGADO, RUBEN R.

6460 126TH AVE. NORTH

LARGO FL 33773

Name

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

12401 S. BELCHER RD

#100

City

LARGO

FL

Zip Code

33773

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, 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 TVD
NAME GLEASON, ROBERT A.
STREET ADDRESS 5001 LEONA
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME DELGADO, RUBEN R.
STREET ADDRESS 3219 ST. JOHN
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME SCHEPKER, CONSTANT
STREET ADDRESS 1 NORTH SERVICE RD
CITY-ST-ZIP ST. PETERS MO ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert A. Gleason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 536-0421

CR2E034 (9/99)