

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 536816

1. Entity Name
TAMPA APPLIANCE PARTS CORPORATION



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90972 032 ***150.00

0465754 AV

Principal Place of Business
9840 CURRIE DAVIS DRIVE
TAMPA FL 33619

Mailing Address
9840 CURRIE DAVIS DRIVE
TAMPA FL 33619



2. Principal Place of Business

3. Mailing Address

~~9840 Currie Davis Dr~~

~~9840 Currie Davis Dr~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~735 N. Wabash Ave~~

~~713 Village Place~~

City & State

City & State

~~Tampa, FL Lakeland FL~~

~~Tampa, FL Brandon FL~~

Zip

Country

Zip

Country

~~33619 33815~~

~~33619 33511 US~~

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1747549

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 -

WING, JAMES D.
1428 BRICKELL AVE. STE 700
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS
NAME LOCKE, LOUISE B.
STREET ADDRESS 10907 CARROLLWOOD DR
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE P
NAME BUSH, MARGARET A.
STREET ADDRESS 713 VILLAGE PLACE
CITY-ST-ZIP BRANDON FL ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

813 623 3131

Date

Daytime Phone #

CR2E034 (10/02)