

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567930

1. Entity Name

REDFEARN'S APPLIANCES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90004 049 \*\*\*150.00

Principal Place of Business

Mailing Address

260 S LAWRENCE BLVD  
BOX 686  
KEYSTONE HEIGHTS FL 32656

260 S LAWRENCE BLVD  
BOX 686  
KEYSTONE HEIGHTS FL 32656-0686

2. Principal Place of Business

7381 SR 21

3. Mailing Address

PO. Box 686

Suite, Apt. #, etc.

Box 686

Suite, Apt. #, etc.

City & State

KEYSTONE HEIGHTS FL

City & State

KEYSTONE HTS FL

Zip

32656

Country

USA

Zip

32656

Country

USA

6. Name and Address of Current Registered Agent

NEWELL, PAUL D.  
ATTORNEY AT LAW  
201 LAWRENCE BOULEVARD  
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

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, 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

TITLE PD ☐ Delete  
NAME REDFEARN, SR., W. H.  
STREET ADDRESS 455 E. LAKE VIEW DR.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE STD ☐ Delete  
NAME REDFEARN, JR., W. H.  
STREET ADDRESS 215 JASMINE DRIVE  
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE VD ☐ Delete  
NAME REDFEARN, ERIC L.  
STREET ADDRESS HIGHWAY 100 SOUTH  
CITY-ST-ZIP LAKE GENEVA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition  
NAME REDFEARN, SR WH  
STREET ADDRESS 4238 SE 1ST AVE  
CITY-ST-ZIP KEYSTONE HTS, FL 32656

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

TITLE VD ☐ Change ☐ Addition  
NAME REDFEARN, ERIC L  
STREET ADDRESS 6455 BROOKLYN BAY RD  
CITY-ST-ZIP KEYSTONE HTS, FL 32656

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

TITLE ☐ Change ☐ Addition  
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:

ERIC L. REDFEARN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

352-473-3311

Daytime Phone #

CR2E034 (9/99)