

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567930

1. Entity Name

REDFEARN'S APPLIANCES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90085 050 ***150.00

Principal Place of Business

7381 SR 21
BOX 686
KEYSTONE HEIGHTS FL 32656

Mailing Address

260 S LAWRENCE BLVD
BOX 686
KEYSTONE HEIGHTS FL 32656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7381 SR 21

Suite, Apt. #, etc.

P.O. Box 686

City & State
Keystone HTS, FL.

Zip
32656

Country
USA

4. FEI Number 59-1857213

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

Name

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

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
REDFEARN, SR., W. H.
4238 SE 1ST AVE
KEYSTONE HEIGHTS FL 32656 ☐ Delete

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

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

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

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

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

11-24-01

Date

352 473 3311

Daytime Phone #

CR2E034 (10/00)