

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90094 010 ***150.00

DOCUMENT # 567930

1. Entity Name

REDFEARN'S APPLIANCES, INC.

Principal Place of Business

**7381 SR 21
 BOX 686
 KEYSTONE HEIGHTS FL 32656**

Mailing Address

**7381 SR 21
 PO BOX 686
 KEYSTONE HEIGHTS FL 32656**

80028612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	REDFEARN, SR., W. H.	
STREET ADDRESS	4238 SE 1ST AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	STD	<input type="checkbox"/> Delete
NAME	REDFEARN, JR., W. H.	
STREET ADDRESS	215 JASMINE DRIVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REDFEARN, ERIC L.	
STREET ADDRESS	6455 BROOKLYN BAY RD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redfearn, SR W H	
STREET ADDRESS	4238 SE 1ST AVE	
CITY-ST-ZIP	PO BOX 686 KEYSTONE HTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Eric L. Redfearn** 2-4-02 352-473-3311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)