

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90077 033 ****61.25

DOCUMENT # 731003

1. Entity Name

EMORY APPLIANCE REPAIR SERVICE, INC.

Principal Place of Business

2530 EMORY DR E
 WEST PALM BEACH FL 33415-7901
 US

Mailing Address

2530 EMORY DR E
 WEST PALM BEACH FL 33415-7901
 US

2. Principal Place of Business

2530 E. Emory Dr

-- Suite, Apt. #, etc.

3. Mailing Address

2530 E. Emory Dr

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

W. Palm Bch, FL

City & State

W. Palm Bch, FL

4. FEI Number

59-1650960

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33415

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EYSMANN, DAVID
 2758 A EMORY DR E
 WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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

2597 E. Emory Dr Apt A
 City W. Palm Bch FL Zip Code 33415

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

IDA S. COTTON

IDA S. COTTON

4-13-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☒ Delete
 NAME PROSISE, DOROTHY S
 STREET ADDRESS 2775 W. EMORY DR. 'H'
 CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD ☒ Delete
 NAME BLUMENREICH, JACK M
 STREET ADDRESS 2766-A EMORY DR, E
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☒ Delete
 NAME EYSMANN, DAVID
 STREET ADDRESS 2758-A EMORY DR E.
 CITY-ST-ZIP W PALM BCH, FL 00000 33415

TITLE VP ☒ Delete
 NAME COTTON, IDA S
 STREET ADDRESS 2750 EMORY DRIVE, EAST 'A'
 CITY-ST-ZIP WEST PALM BCH, FL 33415

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
 NAME MCLELLAN EDNA
 STREET ADDRESS 2622 E. Emory Dr. 'G'
 CITY-ST-ZIP W. Palm Bch, FL 33415

TITLE TD ☐ Change ☒ Addition
 NAME SCOTT, ESTELLE C.
 STREET ADDRESS 2639 W. Emory Dr 'A'
 CITY-ST-ZIP W. Palm Bch, FL 33415

TITLE PD ☒ Change ☐ Addition
 NAME COTTON, IDA S
 STREET ADDRESS 2750 E. Emory Dr 'A'
 CITY-ST-ZIP W. Palm Bch, FL 33415

TITLE VP ☐ Change ☐ Addition
 NAME GREEN, JACK
 STREET ADDRESS 2597 W. Emory Dr 'D'
 CITY-ST-ZIP W. Palm Bch FL 33415

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

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

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 617, 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:

IDA S. COTTON

4-13-01 561-968-1356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)