

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 754164**

1. Entity Name

LIMETREE APPLIANCE SERVICES, INC.

Principal Place of Business

**10128 43RD DR SO
BOYNTON BCH FL 33436**

Mailing Address

**10128 43RD DRIVE SOUTH
BOYNTON BEACH FL 33436
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2035304

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALLARD, LAWRENCE
10146 41ST TERR, SOUTH
BOYNTON BCH FL 33436**

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

**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	D	<input checked="" type="checkbox"/> Delete
NAME	CULVER, WALLACE	
STREET ADDRESS	10156 46 AVENUE S	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	URBEN, CALVIN	
STREET ADDRESS	10140 41ST DRIVE	
CITY-ST-ZIP	BOYNTON BCH, FL-00000	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUTCHISON, SAMUEL	
STREET ADDRESS	10099 40 DR S 265	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROY	
STREET ADDRESS	10124 45TH AVE	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BALLARD, LAWRENCE	
STREET ADDRESS	10146 41ST TERR SO, #234	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolores Chop	
STREET ADDRESS	10081 45 Avenue So.	
CITY-ST-ZIP	Boynton Beach, FL 33436	
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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Cain	
STREET ADDRESS	10125 42 Avenue So.	
CITY-ST-ZIP	Boynton Beach, FL 33436	

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: *Roy F. O'Brien* **REQUIRED** Roy F. O'Brien, Vice-President

01/10/01 561-737-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90123 044 ****61.25



DO NOT WRITE IN THIS SPACE

0052461

CR2E037 (10/00)