

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 003 ****61.25

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

2328 S. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite - 2A

City & State

City & State

W. P. B.

FL

Zip

Country

Zip

33406

Country

USA

4. FEI Number **59-2035304**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	CAIN, EDWARD	
STREET ADDRESS	10125 42 AVE SO	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN Fertig	
STREET ADDRESS	10079 40th Way South	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Perrella	
STREET ADDRESS	10101 45th Way South	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irma Fineberg	
STREET ADDRESS	10115 45th Way South	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, EDWARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **LAWRENCE BALLARD** REQUIRED

4/29

CR2E037 (10/02)