

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757095

1. Entity Name

PINES APPLIANCE SERVICE CORPORATION

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90006 001 ****61.25

Principal Place of Business

2451 BLACK OLIVE BLVD.
DELRAY BCH FL 33445

Mailing Address

C/O ERLE SCHELLER
2381 SHADYLANE, 104C
DELRAY BCH FL 33445-5918
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

59-2075776

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

C/O SELLER, ERLE
2381 SHADY LANE
#104C
DELRAY BEACH FL 33445

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME O'DONNELL, GENE
STREET ADDRESS 2400 BLACK OLIVE BLVD., #101
CITY-ST-ZIP DELRAY BEACH FL

TITLE DP ☒ Change ☐ Addition
NAME EMANUEL COHEN
STREET ADDRESS 1150 MAHOGANY WAY #103
CITY-ST-ZIP DELRAY BEACH FL

TITLE DT ☒ Delete
NAME O'DONNELL, PATRICIA
STREET ADDRESS 2400 BLACK OLIVE BLVD., #101
CITY-ST-ZIP DELRAY BEACH FL

TITLE DT ☒ Change ☐ Addition
NAME ORLANDO JUAN CARLOS
STREET ADDRESS 2380 BLACK OLIVE BLVD #103
CITY-ST-ZIP DELRAY BEACH FL

TITLE DVP ☐ Delete
NAME MORSE, RALPH
STREET ADDRESS 2600 JUNIPER DR., #101
CITY-ST-ZIP DELRAY BCH FL

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

TITLE DS ☐ Delete
NAME SCHELLER, JEWEL
STREET ADDRESS 2381 SHADY LANE, #104C
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE DFS ☐ Delete
NAME SCHELLER, ERLE
STREET ADDRESS 2381 SHADY LANE, #104C
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE ☐ Delete
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: *ERLE SCHELLER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

561 278 8591

Daytime Phone #

CR2E037 (9/99)