

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90040 042 ****61.25

DOCUMENT # 757095

1. Entity Name

PINES APPLIANCE SERVICE CORPORATION

Principal Place of Business

Mailing Address

**2451 BLACK OLIVE BLVD.
 DELRAY BCH FL 33445**

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

ERLE SCHELLER

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	<input type="checkbox"/> Delete
NAME	COHEN, EMANUEL	
STREET ADDRESS	1150 MAHOGANY WAY #103	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OBSAND, JUAN C	
STREET ADDRESS	2380 BLACK OLIVE BLVD #203	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MORSE, RALPH	
STREET ADDRESS	2600 JUNIPER DR., #101	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHELLER, JEWEL	
STREET ADDRESS	2381 SHADY LANE, #104C	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DFS	<input type="checkbox"/> Delete
NAME	SCHELLER, ERLE	
STREET ADDRESS	2381 SHADY LANE, #104C	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORWITZ, EDWARD	
STREET ADDRESS	1150 BOXWOOD DRIVE 060-204	
CITY-ST-ZIP	DELRAY BEACH FL	

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
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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: *ERLE SCHELLER* **ERLE SCHELLER** **3/5/02** **561 278 8591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)