

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762496

1. Entity Name

HIGH POINT OF DELRAY WEST NO. 2 APPLIANCE SERVIC

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90039 049 \*\*\*\*61.25

Principal Place of Business

14484 B CANALVIEW DR  
DELRAY BCH FL 33484

Mailing Address

14484 B CANALVIEW DR  
DELRAY BCH FL 33484-8732

2. Principal Place of Business

14572 CANALVIEW DR

3. Mailing Address

14572 CANALVIEW DR

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL

Zip

33484

Country

Palm Beach

Zip

33484

Country

Palm Bea.

4. FEI Number

59-2179068

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

Name

STANLEY SIMON

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

14572 CANALVIEW DRIVE

City

DELRAY BEACH

FL

Zip Code

33484

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

STANLEY SIMON, PRES. *Stanley Simon* 1/4/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, STANLEY 14572 B CANALVIEW DR DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, ARTHUR 14508 A CANALVIEW DR DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, LAURA 14572 B CANALVIEW DR DELRAY BCH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEIN, DOROTHY 14484B CANALVIEW DR DELRAY BCH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*STANLEY SIMON*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (561) 499-7404  
Date Daytime Phone #