

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768173

1. Entity Name

CRESTHAVEN APPLIANCE SERVICE, INC.

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

02-04-2000 90010 003 ****61.25

Principal Place of Business

Mailing Address

CRESTHAVEN APPL. SERV.
2885 E ASHLEY DR
WEST PALM BEACH FL 33415
US

CRESTHAVEN APPL. SERV.
2885 E ASHLEY DR
WEST PALM BEACH FL 33415-6298
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

52-2283782

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

JONES, WILLIAM D
2885 E ASHLEY DR
W PALM BEACH FL 33415

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 VPD ☐ Delete
NAME ERMST, DOROTHY
STREET ADDRESS 2891-F ASHLEY DR W
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE D ☐ Delete
NAME RENNERT, FLORE
STREET ADDRESS 2590-F BARLEY DR E
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☒ Change ☐ Addition
NAME RENNERT, FLORA
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME JONES, WILLIAM
STREET ADDRESS 2570-B BARKLEY DR E
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE SD ☐ Delete
NAME KOEHLER, LOUISE
STREET ADDRESS 5423-F CRESTHAVEN BLVD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE PD ☐ Delete
NAME RESNICK, SYLVIA
STREET ADDRESS 2717-C EMORY DRIVE WEST
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

TITLE TD ☐ Delete
NAME DANZIG, RENATE
STREET ADDRESS 26690C BARLEY DR EAST
CITY-ST-ZIP W PALM BEACH FL 33415

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: *William D Jones* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00(561) 965-5654

Date

Daytime Phone #

CR2E037 (9/99)