2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all-other like empowered

Wecker

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # 768173** 1. Entity Name CRESTHAVEN APPLIANCE SERVICE, INC. 03-01-2001 90031 034 ****61.25 Principal Place of Business Mailing Address CRESTHAVEN APPL. SERV. CRESTHAVEN APPL. SERV. 925817 2885 E ASHLEY DR 2885 E ASHLEY DR WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 52-2283782 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WECKER, MILTON L. Street Address (P.O. Box Number is Not Acceptable) JONES, WILLIAM D 2885 E. ASHLEY DRIVE 2885 E ASHLEY DR W PALM BEACH FL 33415 Zip Code 33415 City FI W. 8. The above named entity submits this statement for the purpose of changing its registered office or registered or both, in the state of Florida. MILTON L. WECKER, /21/01 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPD** Change CR2E037 (10/00 TITLE ☐ Delete TITLE Addition NAME ERMST, DOROTHY MARKE STREET ADDRESS STREET ADDRESS 2891-F ASHLEY DR W CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33415 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RENNERT, FLORA MAME STREET ADDRESS STREET ADDRESS 2590-F BARLEY DR E CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33415 X Delete TITLE PD TITLE X Change Addition NAME JONES, WILLIAM NAME WECKER, MILTON L. 2570-B BARKLEY DR E STREET ADDRESS STREET ADDRESS 2765-E EMORY DR. EAST CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 W. PALM BEACH, FL 33415 SD ☐ Delete TITLE Change ☐ Addition TITLE NAME KOEHLER, LOUISE NAME STREET ADDRESS STREET ADDRESS 5423-F CRESTHAVEN BLVD CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33415 TITLE ☐ Delete TITLE Change Addition NAME RESNICK, SYLVIA NAME RESNICK, SYLVIA 2717-C EMORY DR. WEST STREET ADDRESS 2717-C EMORY DRIVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 PALM BEACH, FL 33415 Delete TITLE ☐ Change Addition TITLE NAME DANZIG, RENATE NAME JACKSON, HAZEL 2620-E BARKLEY DR. EAST STREET ADDRESS 26690C BARLEY DR EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33415 PALM BEACH, FL 33415 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

<u>President</u>

2/21/01