

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768173

1. Entity Name

CRESTHAVEN APPLIANCE SERVICE, INC.

Principal Place of Business

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

Mailing Address

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

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

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

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

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

TITLE PD  
NAME WECKER, MILTON L  
STREET ADDRESS 2765-E EMORY DR EAST  
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

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

TITLE SD  
NAME KOEHLER, LOUISE  
STREET ADDRESS 5423-F CRESTHAVEN BLVD  
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Delete

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

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

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

TITLE D  
NAME JACKSON, HAZEL  
STREET ADDRESS 2620-E BARKLEY DRIVE EAST  
CITY-ST-ZIP W PALM BEACH FL 33415 ☐ Delete

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

MILTON L. WECKER, PRES.

2/20/02

(561) 965-9744

FILED  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90035 042 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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