2003 FOR PROFIT CORPORATION

F01000001900

Mailing Address

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

Principal Place of Business

A-1 APPLIANCE PARTS, INC.



May 19, 2003 8:00 am 5 Secretary of State **FILED**

05-19-2003 90217 017 ***550.00

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| 2407 TRIANA BLVD SW P.O. BOX 719 HUNTSVILLE AL 35805 HUNTSVILLE AL 35804-0719 | | | | | 9 | | | | | | |
|---|--|--|----------------------------|---------------------|------------|--|---------------------|---|--------------------------------------|----------------|------------------------------|
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | 1 kautikau tiri ubildi litati (1811) uu | i (1 30 i (1 0 0 i i 1 | | 0 0.191 0 0 111 9 0 1 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | | City & State | | | 4 , F | FEI Number 63-0768089 Applied For Not Applicable | | | |
| _ Zip _ | Country Zip | | | | Counti | ntry 5Certificate of Status Desired- | | | \$0.7E | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. N | lame and Address of New F | legistered | | |
| | | | | | | Name | | | | | |
| ORTIZ, ANTHONY 801 N OLD CORRY FIELD RD | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | _ | | | | |
| PENSACOLA FL 32506 | | | | | - | City | <u>.</u> | | FL | Zip Coo | te |
| 6 The above | nomed entity | cultonite this statem | ant for the purpose | o of changing its | ngintoro | d office or r | onistored pag | ent, or both, in the State of Flo | | | and accept |
| the obligat | ions of regist | red agent. | entior the purposi | e or changing its i | egistere | a onice or r | egistered age | ent, or both, in the state of Fit | mua. Tam | ramınar witin, | , али ассері |
| | - | · | | | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered | agent and title if applica | ble. (NOTE: | Registered | Agent signature | e required when rei | instating) | DATE | | { |
| F | ILE NOW!! | ! FEE IS \$150.00 | | <u> </u> | | | | 6 Classics Course : E | | | |
| | | 3 Fee will be \$550 Florida Departme | | | | | | Election Campaign Fir Trust Fund Contribution | | | O May Be d to Fees |
| 10. | | OFFICERS | AND DIRECTORS | | 11. | | ADI | DITIONS/CHANGES TO OFF | ICERS AND | DIRECTOR | RS IN 11 |
| TITLE | Р | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | O'NEAL, HUGH M | | | | | NAME | | | | | |
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| NAME & | O'NEAL, N | | | | NAME | - 1 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 2407 TRIANA BLVD SW HUNTSVILLE AL 35805 | | | | STREE | ADDRESS | | | | | { |
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| N AM E | GLENN, G | | | | NAME | | | | | | |
| STREET ADDRESS | | na blvd sw | | | | r address | | | | | |
| CITY-ST-ZIP | HUNTSVIL | LE AL 35805 | | | CITY-S | ST-ZIP | | | | | |
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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 607, 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.