

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F03146

FILED
Feb 27, 2002 8:00 AM
Secretary of State

Entity Name: APPLIANCE SERVICE OF FLORIDA, INC.

Current Principal Place of Business:

1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071 US

New Principal Place of Business:

Current Mailing Address:

1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071 US

New Mailing Address:

FEI Number: 59-2035388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZA, JOSEPH
1876-B BARBER ROAD
SUITE 200
SARASOTA, FL 342409071

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: MAZZA, JOSEPH,
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: DVS () Delete
Name: MAZZA, MADGE,
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: VP () Delete
Name: MAZZA-FIELDING, GABRIELLE
Address: 18768 BARBER ROAD #200
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MAZZA, JOSEPH A D
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: DVS (X) Change () Addition
Name: MAZZA, MADGE DVS
Address: 1876-B BARBER ROAD
City-St-Zip: SARASOTA, FL 342409071

Title: P (X) Change () Addition
Name: MAZZA-FIELDING, GABRIELLE P
Address: 1876-B BARBER ROAD #200
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABIRELLE MAZZA-FIELDING

P

02/27/2002

Electronic Signature of Signing Officer or Director

Date