

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83671

1. Entity Name

P. J. APPLIANCE REPAIR, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90063 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1520 42ND ST. N.W.  
 WINTER HAVEN FL 33881

1520 42ND ST. N.W.  
 WINTER HAVEN FL 33881-3610

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 **59-2214714**

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

PROFERES, PATRICE  
 703 EUGENA DR.  
 AUBURNDAL FL 33823

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PROFERES, PETER	
STREET ADDRESS	703 EUGENA DR	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PROFERES, PATRICE	
STREET ADDRESS	703 EUGENA DR	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONG, ELAINE	
STREET ADDRESS	703 EUGENA DR	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	CHRISTINE PROFERES	<input type="checkbox"/> Delete
NAME	CHRISTINE PROFERES	
STREET ADDRESS	808 ARIETTA DRIVE	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	[Signature]	<input type="checkbox"/> Delete
NAME	[Signature]	
STREET ADDRESS	[Signature]	
CITY-ST-ZIP	[Signature]	
TITLE	Monte Holtsclaw	<input type="checkbox"/> Delete
NAME	Monte Holtsclaw	
STREET ADDRESS	Haines City, FL	
CITY-ST-ZIP	Haines City, FL	

TITLE	Director/Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Proferes	
STREET ADDRESS	808 ARIETTA DRIVE	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTY R. HOLTSCLAW	
STREET ADDRESS	221 FIRST ST.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE G. PROFERES	
STREET ADDRESS	808 ARIETTA DRIVE	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Patrice Proferes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 863-967-6121  
 Date Daytime Phone #

CR2E034 (9/99)