

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001778

1. Entity Name

MAR-CONE APPLIANCE PARTS CO.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90008 010 ***550.00

Principal Place of Business

Mailing Address

2300 CLARK AVE.
ST. LOUIS MO 63103

2300 CLARK AVE.
ST. LOUIS MO 63103-2542

2. Principal Place of Business

2300 CLARK AVE.

Suite, Apt. #, etc.

3. Mailing Address

600 Emerson

Suite, Apt. #, etc.

Suite 410

City & State

ST. LOUIS, MO

City & State

ST. LOUIS, MO

Zip

Country

63103

USA

Zip

Country

63141

USA

4. FEI Number

43-0728583

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	P	<input checked="" type="checkbox"/> Delete
NAME	MARKOW, MITCHELL D	
STREET ADDRESS	2300 CLARK AVE.	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARKOW, NORMAN I	
STREET ADDRESS	2300 CLARK AVE.	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SOUERS, JAMES G	
STREET ADDRESS	2300 CLARK AVE.	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOW, MITCHELL D	
STREET ADDRESS	2300 CLARK AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUERS, JAMES G	
STREET ADDRESS	2300 CLARK AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, DAVID	
STREET ADDRESS	2300 CLARK AVE	
CITY-ST-ZIP	ST. LOUIS MO 63103	
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 another like empowered.

SIGNATURE:

Jim De...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/13/2000

Date

314-993-9196

Daytime Phone #

CR2 134 (9/99)