

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H74736**

1. Entity Name

JACK ALE'S APPLIANCE SERVICE, INC.

Principal Place of Business

~~1470 MALIBU CIR. NE~~

~~UNIT 107~~

~~PALM BAY, FL 32905~~

Mailing Address

~~PO BOX 80067~~

~~PALM BAY, FL 32906-0067~~

2. Principal Place of Business

1598 Seeley Circle NW

Suite, Apt. #, etc.

~~Palm Bay, Florida~~

Palm Bay, Florida

Zip

32907

Country

BREVARD

3. Mailing Address

1598 Seeley Circle NW

Suite, Apt. #, etc.

~~Palm Bay, Florida~~

Palm Bay, Florida

Zip

32907

Country

BREVARD

6. Name and Address of Current Registered Agent

ALE, JACK

14695 97TH ROAD NORTH

WEST PALM BEACH FL 33412

4. FEI Number

59-2595821

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

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, 2002 Fee will be \$556.00

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

TITLE **DP** ☐ Delete
NAME **ALE, JOHN**
STREET ADDRESS ~~14695 97TH ROAD NORTH~~ **1598 Seeley Circle NW**
CITY-ST-ZIP ~~WEST PALM BEACH FL 33412~~ **Palm Bay FL 32907**

TITLE **D** ☐ Delete
NAME **ALE, DEBRA**
STREET ADDRESS ~~14695 97TH ROAD NORTH~~ **1598 Seeley Circle NW**
CITY-ST-ZIP ~~WEST PALM BEACH FL 33412~~ **Palm Bay, FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

John H. Ale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 (321-409-1781)

Date

Daytime Phone #

0692681 AT

CR2E034 (9/01)