

DOCUMENT # H85367

1/10/01-

FILED
Apr 20, 2001 8:00 am
Secretary of State

01-10-2001 90078 009 ***150.00

1. Entity Name
QUALITY APPLIANCE SERVICE OF PINELLAS, INC.

Principal Place of Business Mailing Address
1155 NE CLEVELAND ST 1155 NE CLEVELAND ST
CLEARWATER FL 33755 CLEARWATER FL 33755
US US

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 59-2600106 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYMANSKI & MCKNIGHT, CPA'S PA
1301 SEMINOLE BLVD, STE 115
LARGO FL 33770

Name Quality Appliance Serv. Inc
Street Address (P.O. Box Number is Not Acceptable)
1155 NE CLEVELAND ST
City Clearwater FL Zip Code 33755

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] 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, 2001 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 PO
NAME ALONSO, PETER
STREET ADDRESS 9316 120TH AVE. NORTH
CITY-ST-ZIP LARGO FL 34643

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00 Date 727-446-9546 Daytime Phone #

CRE034 (10/00)