

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90232 024 ***150.00

051224

DOCUMENT # J16301

1. Entity Name

CARE APPLIANCE SERVICE, INC.

Principal Place of Business

**1011 - 7TH AVENUE S.
LAKE WORTH FL 33460-1942**

Mailing Address

**1011 - 7TH AVENUE S.
LAKE WORTH FL 33460-1942**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2694093**

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

**RUDD, JOHN E.
437 SANTA ANNA DR.
PALM SPRINGS FL 33461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | PTD | <input type="checkbox"/> Delete |
| NAME | RUDD, JOHN E. | |
| STREET ADDRESS | 437 SANTA ANNA DR. | |
| CITY-ST-ZIP | PALM SPRINGS FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | KUSTERMANN, JOSEPH R. | |
| STREET ADDRESS | 529 WORTHMORE DR. | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RUDD, RANDALL A | |
| STREET ADDRESS | 437 SANTA ANNA DR | |
| CITY-ST-ZIP | PALM SPRINGS FL | |
| 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 | | <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 | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rudd, Randall A. | |
| STREET ADDRESS | 4602 Meadow Green Trail | |
| CITY-ST-ZIP | LAKE WORTH, FL. 33463 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rudd, Kathleen J. | |
| STREET ADDRESS | 437 SANTA ANNA DR | |
| CITY-ST-ZIP | Palm Springs FL. 33461 | |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. RUDD

Date

4-27-01

Daytime Phone #

561-586-8303

CR2E034 (10/00)