

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J43189

1. Entity Name

APPLIANCE DOCTOR OF CENTRAL FLORIDA, INC

Principal Place of Business

% MICHAEL MANNINO
851 STATE ROAD 436 STE 103
ALTAMONTE SPRINGS FL 32714

Mailing Address

% MICHAEL MANNINO
851 STATE RD 436 STE 103
ALTAMONTE SPRINGS FL
32714

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

59-2815637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 22 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

MICHAEL MANNINO
304 STERLING ROSE CT
APOKA FL 32703

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POC
MANNINO, MICHAEL
304 STERLING ROSE CT
APOKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
MCAULIFFE, JOHN J.
624 CROOKED PINE CT
APOKA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCAULIFFE, JOHN J.
624 CROOKED PINE CT
APOKA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
MANNINO, ANTHONY
2856 PIKE LANE
DELTONA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100004481211--2
-07/17/01--01083--001
*****61.25 *****61.25

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

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

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

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

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MANNINO PRES 4/30/01

Date

Daytime Phone #

CR2E034 (11/00)