

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

04-10-2000 90115 046 ***150.00

DOCUMENT # L07713

1. Entity Name

OTTO'S APPLIANCE SALES, AND SERVICE, INC.

Principal Place of Business

Mailing Address

4922 73RD AVE., N.
 PINELLAS PARK FL 33781

4922 73RD AVE., N.
 PINELLAS PARK FL 33781-4442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2965025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MCFADDEN, MICHAEL K.
 200 CLEARWATER LARGO ROAD
 LARGO FL 34640~~

Name **ARTHUR VOSKIAN**

Street Address (P.O. Box Number is not Acceptable)
2214 LAUREN DR

City **LARGO FL**

FL

Zip Code **33774**

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 *Arthur Voskian*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/20/2000

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 | DPT | <input type="checkbox"/> Delete |
| NAME | VOSKIAN, ARTHUR M. | |
| STREET ADDRESS | 2214 LAUREN DR. | |
| CITY-ST-ZIP | LARGO FL 33774 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | TEMPLE, STEPHEN A. | |
| STREET ADDRESS | 1128 24TH AVENUE NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
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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)(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: *Arthur Voskian* **ARTHUR VOSKIAN** *4/4/2000* **4/4/2000** *727-544-0572* **727-544-0572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)