

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90948 033 \*\*\*150.00

DOCUMENT # **L35317**

1. Entity Name  
**STUART'S MAJOR APPLIANCES & AIR CONDITIONING, INC.**



Principal Place of Business  
**9836 SANDALFOOT BLVD**  
**#B**  
**BOCA RATON FL 33428**  
**US**

Mailing Address  
**9836 SANDALFOOT BLVD**  
**#B**  
**BOCA RATON FL 33428**  
**US**



2. Principal Place of Business  
**10026 SPANISH ISLES BLVD**  
Suite, Apt. #, etc.  
**# B-11**

3. Mailing Address  
**10026 SPANISH ISLES BLVD**  
Suite, Apt. #, etc.  
**B-11**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON FL**

Zip  
**33498**

Country  
**USA**

Zip  
**33498**

Country  
**USA**

4. FEI Number **65-0161330**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**OAKNER, STUART P**  
**22058 FLOWER DR**  
**BOCA RATON FL 33428**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stuart P. Oakner*  
Signature, typed or printed name of registered agent and title if applicable.

**STUART P. OAKNER**

**2/25/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| <b>DPS</b><br><b>OAKNER, STUART P.</b><br><b>22058 FLOWER DR</b><br><b>BOCA RATON FL 33428</b> | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                                                | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                                                | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                                                | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                                                | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |
|                                                                                                | <input type="checkbox"/>        |                                                | <input type="checkbox"/>                                          |

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Stuart P. Oakner* **STUART P. OAKNER** **1-12-03 561-482-3574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)