

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47341

1. Entity Name

ALAN'S APPLIANCE SERVICE, INC.

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90434 027 \*\*\*150.00

Principal Place of Business

Mailing Address

9090 US 1 BOX 3  
SEBASTIAN FL 32958

9090 US 1 BOX 3  
SEBASTIAN FL 32958-7516

2. Principal Place of Business

401 Fellsmere Rd

3. Mailing Address

401 Fellsmere Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FEI Number

59-2991451

Applied For

Not Applicable

Zip

Country

32958

USA

Zip

Country

32958

USA

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

POWELL, RICHARD

9090 U.S. #1, BOX 3

SEBASTIAN, FL 32958

Name

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

401 Fellsmere Rd

City

FL

Zip Code

32958

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, 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 **P** ☐ Delete  
NAME **POWELL, HAROLD RICHARD III**  
STREET ADDRESS **4105 10TH STREET**  
CITY-ST-ZIP **VERO BEACH FL**

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

TITLE **VP** ☐ Delete  
NAME **KEA, JOEL ALAN**  
STREET ADDRESS **9090 N. U.S. #1, BOX 3**  
CITY-ST-ZIP **SEBASTIAN, FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **549 Joy Haven**  
CITY-ST-ZIP **Sebastian FL 32958**

TITLE **ST** ☐ Delete  
NAME **POWELL, NANCY J**  
STREET ADDRESS **4105 10TH STREET**  
CITY-ST-ZIP **VERO BEACH FL 32960**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00  
Date

361 388-2907  
Daytime Phone #

10-32E034 (9/99)