

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90373 033 \*\*\*\*50.00

**DOCUMENT # L99000003556**

1. Entity Name  
**APPLIANCE DOCTOR/A.T.I., LLC**

Principal Place of Business

**964 REED CANAL RD  
 SOUTH DAYTONA FL 32119**

Mailing Address

**964 REED CANAL RD  
 SOUTH DAYTONA FL 32119**

**955318**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1101 DOWNEY AVE  
 Suite, Apt. #, etc.**

3. Mailing Address

**1101 DOWNEY AVE  
 Suite, Apt. #, etc.**

City & State

**DAYTONA Bch FL**

City & State

**DAYTONA Bch FL**

4. FEI Number

**59-3582279**

Applied For

Not Applicable

Zip

**32119**

Country

**USA**

Zip

**32119**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STENTON, JOHN W  
 1101 DOWNEY AVE  
 DAYTONA BEACH FL 32119**

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 *John W Stenton*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-02**  
 DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **STENTON, JOHN W**  
 STREET ADDRESS **1101 DOWNEY AVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE **MGRM** ☐ Delete  
 NAME **STENTON, MARY A**  
 STREET ADDRESS **1101 DOWNEY AVE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John W Stenton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-23-02**

Date

**386-788-7594**

Daytime Phone #

CR2E083 (9/01)