## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # M45406** 1. Entity Name

Principal Place of Business

## APPLIANCE PARTS CENTER OF PALM BEACH COUNTY, INC

1721 DONNA ROAD 1721 DONNA ROAD WEST PALM BEACH FL 33409-5203 WEST PALM BEACH FL 33409-2277

Mailing Address

## **FILED** Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90118 015 \*\*\*158.75



2. Principal Pl	lace of Business	3	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59-2765862				Applied For Not Applicable	
Zip Country			Zip	try	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
		7. Name and Address of New Registered Agent										
BURDICK, GEOFFREY					Name Street Address (P.O. Box Number is Not Acceptable)							
324 I STE.:	Datura Street 200									}		
WEST PALM BEACH FL 33401					City			FL Zip Code				
8. The above	named entity submits this stater	ment for the	purpose of changing its	s registere	ed office or	registered a	gent, or both, in t	he State of Floric	.at			
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SIGNATURE _												
	Signature, typed or printed name of register	ed agent and til	tte if applicable. (NO1	TE: Registere	d Agent signatu	re required when	reinstating)		DATE			↲
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE								Campaign Finan	ıcina	\$5·0	O May Be	- -
	equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Paya		of State	Trust Fund Contribution.			Added to Fees				
11. OFFICERS AND DIRECTORS						P	ADDITIONS/CHAI	NGES TO OFFIC				┨.
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13. i hereby c	ertify that the information suppli	ied with this	s filing does not qualify fo	or the exe	mption state	ed in Section	n 119.07(3)(i), Flo	rida Statutes. I fu	urther certi	fy that the i	nformation	]

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:

561-686-8553 PRES.