

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36809

1. Entity Name

L.G. HOMEOWNERS APPLIANCE SERVICE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90053 029 ****61.25

Principal Place of Business

4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467
US

Mailing Address

4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467-3951
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0180973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORRISON, MABEL M
4691 LUCERNE LKS BLVD
STE 104
LAKE WORTH FL 33467

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VALLI, JOSEPH | |
| STREET ADDRESS | 4691 LUCERNE LKS BLVD #106 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | MORRISON, MABEL | |
| STREET ADDRESS | 4691 LUCERNE LKS BLVD #104 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EDMONDS, MERRIE | |
| STREET ADDRESS | 4699 LUCERNE LKS BLVD #106 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VALLI, ERICA | |
| STREET ADDRESS | 4691 LUCERNE LAKES BLVD | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SOLDANA, ANTHONY | |
| STREET ADDRESS | 4702 LUCERNE LAKES BLVD #204 | |
| CITY-ST-ZIP | LAKE WORTH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARIANI, MICHAEL | |
| STREET ADDRESS | 4715 LUCERNE LAKES BLVD #104 | |
| CITY-ST-ZIP | LAKE WORTH FL | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 617, 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:

Joseph J. Valli REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

Daytime Phone #

CR2E037 (9/99)