

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0180973	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE _____ (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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

3/9/00

Date

Daytime Phone #

CR2E037 (9/99)