

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90105 018 ***150.00

DOCUMENT # P00000025131

1. Entity Name

APPLIANCE DEPOT DIRECT, INC.

Principal Place of Business

**7229 NW 4 BLVD.
GAINESVILLE FL 32607**

Mailing Address

**7229 NW 4 BLVD.
GAINESVILLE FL 32607**

2. Principal Place of Business

505 SW 31 Ave.

3. Mailing Address

7229 NW 4 Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Gainesville FL

Zip

34474

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3634557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, DONNA W
611 SW 80 BLVD.
GAINESVILLE FL 32607**

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

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

(NOTE: Registered Agent signature required when reinstating)

Donna W Martin
**Agent, Director, Secretary/
Treasurer**

1/15/01
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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, CHARLIE	
STREET ADDRESS	3446 SW 42 AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, JEFF	
STREET ADDRESS	8690 GREATPINE LN. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTIN, DONNA	
STREET ADDRESS	611 SW 80 BLVD.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Jeff	
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		

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:

Donna W Martin
Secretary/Director

Donna W Martin
Secretary/Director

1/15/01
Date

352 332-8822
Daytime Phone #

CR2E034 (10/00)