

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State
 08-27-2002 90117 039 ***150.00

DOCUMENT # P00000027177

1. Entity Name
ALFORD APPLIANCE CENTER, INC.

Principal Place of Business

**1776 NANTON ST NW
 PALM BAY FL 32907**

Mailing Address

**1776 NANTON ST NW
 PALM BAY FL 32907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1308 MALABAR RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM BAY FL

City & State

32909

4. FEI Number 59-3633003

Applied For
 Not Applicable

Zip
BERCLAND

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

**GRAHAM, WINFORD
 1776 NANTON ST. NW
 PALM BAY FL 32907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____
 Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, WINFORD 1776 NANTON STREET, NW PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINFORD GRAHAM 1776 NANTON NW PALM BAY FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: WINFORD GRAHAM **8-21-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attached

976713

ALFORD APPLIANCE CENTER INC.
1308 Malabar Rd,SE
Palm Bay Florida 32909.
(321) 723-7744

Mailing address
1776 Nanton St,NW.
Palm Bay Fl.32907.

August 21,2002

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee,Fl 32302-1500

Dear Sir/Madam

Doc. Number P00000027177

In regards to your letter of August 5,2002 for refiling of Corporation membership,please be informed that I did not received the renewal letter. I only received the sixty days notice.

In light of the above I am therefore asking that the refiling fees be reconsidered.

I await your urgent response.

Sincerely,


Winifred Graham