

DOCUMENT # **PO 00000 28957**

Company Name

**GENERAL APPLIANCE SALES AND  
AIR CONDITION SERVICE, INC**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91152 005 \*\*\*150.00

Principal Place of Business Mailing Address  
**3274 N. STATE RD 7 LAUDERDALE LAKES, FL 33309**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DORRELL LAWRENCE**  
**3274 N. STATE RD 7**  
**LAUDERDALE LAKES FL 33309**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Accepted)  
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 required for individual name of registered agent and title if applicable. (NOTE: registered agent signature required when membership) 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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete<br><b>P LAWRENCE DORRELL</b><br><b>4400 NW 14 ST</b><br><b>LAUDER HILL, FL 33313</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. Verify entity and the information supplied with this filing does not violate any laws or regulations of the state of Florida or any other state or country. If the corporation or the officer or trustee empowers the registrant to sign on behalf of the corporation with an address, and other key employees.

SIGNATURE: **Dorrell Lawrence, PRESIDENT 4/27/01 954-714-2009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

3274 N. State Rd 7  
Lauderdale Lakes, FL 33309

Attachment  
# PD00000028954  
768797

4/27/01

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Dear Sir/Madam:

I did not get a corporation renewal  
by mail. I called in a week ago  
but I still did not my renewal form.  
I enclose a cheque for \$150.00

Thank you for your assistance

Yours truly

Dorrell Lawrence