

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90114 008 ***150.00

DOCUMENT # P02000040432

1. Entity Name
BRANDY APPLIANCE SERVICES INC



Principal Place of Business
3574 PINE TREE DR
SAINT JAMES CITY FL 33956

Mailing Address
3574 PINE TREE DR
SAINT JAMES CITY FL 33956

2. Principal Place of Business
1830 Del Prado Blvd.

3. Mailing Address
1830 Del Prado Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL.

City & State
Cape Coral, FL.

4. FEI Number
38-3648240

Applied For
Not Applicable

Zip
33990

Country
USA

Zip
33990

Country
USA

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

SCOTT, JEANNE C
3574 PINE TREE DR
SAINT JAMES CITY FL 33956

Name

Street Address (P.O. Box Number is Not Acceptable)

1915 NE 18 STREET

Cape Coral

City

Cape Coral, FL.

FL

Zip Code

33909

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SCOTT, TIMOTHY A
3574 PINE TREE DR
SAINT JAMES CITY FL 33956 ☐ Delete

TITLE
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☐ Change ☐ Addition

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SCOTT, JEANNE C
3574 PINE TREE DR
SAINT JAMES CITY FL 33956 ☐ Delete

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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 607, 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 239-172-9727

Date

Daytime Phone #

CR2E034 (10/02)