

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91908 010 ***150.00

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DOCUMENT # P02000064142

1. Entity Name
NELSON'S APPLIANCE REPAIR, INC.



Principal Place of Business
**1500 W SILVER SPRINGS BLVD
OCALA FL 34475-6457**

Mailing Address
**1500 W SILVER SPRINGS BLVD
OCALA FL 34475-6457**



2. Principal Place of Business

2415 N.E. 8TH AVE.
Suite, Apt. #, etc.

3. Mailing Address

2415 N.E. 8TH AVE.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

74-3046925

Applied For

Not Applicable

Zip

34470

Country

Zip

34470

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURCH, SANDRA L
1500 W SILVER SPRINGS BLVD
OCALA FL 34475-6457**

7. Name and Address of New Registered Agent

Name

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

2415 N.E. 8TH AVE.

City

OCALA

FL

Zip Code

34470

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

TITLE **D** ☐ Delete
NAME **BURCH, SANDRA L**
STREET ADDRESS **1500 W SILVER SPRINGS BLVD**
CITY-ST-ZIP **OCALA FL 34475-6457**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.S.T.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2415 N.E. 8TH AVE.**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L. BURCH, PRESIDENT

04/30/03

Date

352-732-6149

Daytime Phone #

CR2E034 (10/02)