

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90710 018 ***150.00

DOCUMENT # P02000092869

1. Entity Name
APPLIANCE PLUS REPAIR SERVICES, CORP.



Principal Place of Business
**14923 PRAIRIE ROSE CT
ORLANDO FL 32824
US**

Mailing Address
**600 N THACKER AVE
SUITE C-27
KISSIMMEE FL 34741
US**

40060100



2. Principal Place of Business
1970-E-OSCEOLA-PKWAY

3. Mailing Address
1970-E-OSCEOLA-PKWAY

Suite, Apt. #, etc.
SUITE-#327

Suite, Apt. #, etc.
SUITE-#327

City & State
KISSIMMEE-FL-

City & State
KISSIMMEE-FL-

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
Not Applicable

Zip
34743

Country
OSCEOLA

Zip
34743

Country
OSCEOLA

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

**MARTIN, RAFAEL A
14923 PRAIRIE ROSE CT
ORLANDO FL 32824**

Name
NESMA-C.-MARTIN

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

14923-PRAIRIE-ROSE-CT

City
ORLANDO

FL

Zip Code
32824

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 **Rafael A. Martin ST. Nesma C. Martin P. 3/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 **P** Delete
NAME **MARTIN, RAFAEL A**
STREET ADDRESS **14923 PRAIRIE ROSE CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **P** Change Addition
NAME **Martin Nesma C**
STREET ADDRESS **14923 Prairie Rose ct**
CITY-ST-ZIP **Orlando FL 32824**

TITLE **VP** Delete
NAME **MARTIN, NESMA C**
STREET ADDRESS **14923 PRAIRIE ROSE CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VP** Change Addition
NAME **Martin George**
STREET ADDRESS **14923 Prairie Rose ct**
CITY-ST-ZIP **Orlando FL 32824**

TITLE **ST** Delete
NAME **MARTIN, GEORGE**
STREET ADDRESS **14923 PRAIRIE ROSE CT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **ST** Change Addition
NAME **Martin Rafael A**
STREET ADDRESS **14923 Prairie Rose ct**
CITY-ST-ZIP **Orlando FL 32824**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: **NESMA-C.-MARTIN-3/15/03-407-240-3085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #