

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

2. Principal Place of Business

1970-E-OSCEOLA-PKWAY

3. Mailing Address

1970-E-OSCEOLA-PKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE-#327

SUITE-#327

City & State

City & State

KISSIMMEE-FL-

KISSIMMEE-FL-

Zip

Country

Zip

Country

34743 OSCEOLA

34743 OSCEOLA

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 Nesma C. Martin P. 3/15/03
Signature, type 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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