

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90015 006 ***150.00

DOCUMENT # *P03000041621*

1. Entity Name

beacon appliance service co, inc



24076145

2. Principal Place of Business

4400 gardenia dr

3. Mailing Address

4400 gardenia dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

palm beach gardens

City & State

palm beach gardens

4. FEI Number

33-1050467

Applied For

Not Applicable

Zip
33410

Country

palm beach

Zip
33410

Country

palm beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Charles Erkman**

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

4400 gardenia dr

City **palm beach gardens**

FL

Zip Code
33410

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President Patricia Erkman
4400 gardenia dr, Palm Beach Gardens
FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Sect--Charles Erkman
4400 gardenia dr
Palm Beach Gardens, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Erkman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-04

Date

561-776-8153

Daytime Phone #

CR2E034B (12/02)