

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0138190 AB

DOCUMENT # P19599

1. Entity Name

FLORIDA BUILDER APPLIANCES, INC.

(LA)

05-03-2001 91162 009 ***150.00
 07-17-2001 90094 019 ***400.00

Principal Place of Business

**3333 BEVERLY RD
 HOFFMAN ESTATES IL 60179
 US**

Mailing Address

**3333 BEVERLY RD
 768TAX. B2-095B7
 HOFFMAN ESTATES IL 60179
 US**

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

768TAX. B2-095B7

City & State

City & State

4. FEI Number

36-3619133

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **MARTINEZ, ARTHUR**
 STREET ADDRESS **3333 BEVERLY RD**
 CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE **D** ☐ Delete
 NAME **LACY, ALAN**
 STREET ADDRESS **3333 BEVERLY RD**
 CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE **P** ☒ Delete
 NAME **MAINES, WILLIAM**
 STREET ADDRESS **3333 BEVERLY RD**
 CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE **S** ☐ Delete
 NAME **MYREN, MATTHEW**
 STREET ADDRESS **3333 BEVERLY RD**
 CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE **VT** ☐ Delete
 NAME **FELDNER, MICHAEL**
 STREET ADDRESS **3333 BEVERLY RD.**
 CITY-ST-ZIP **HOFFMAN ESTATES IL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **GERALD COGHLAN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **BRENDAN MCKEOUGH**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM MAINES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

847/288-9238

Date

Daytime Phone #

CR2E034 (5/01)