

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000013971

1. Entity Name

APPLIANCES, SERVICES AND PARTS CO., INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90094 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1500 AIRWAY CIRCLE  
NEW SMYRNA BEACH FL 32168  
US

1500 AIRWAY CIRCLE  
NEW SMYRNA BEACH FL 32168-5929  
US

2. Principal Place of Business

413 Oak Pl

3. Mailing Address

P.O. Box 291189

Suite, Apt. #, etc.

Bldg 4 Unit L

Suite, Apt. #, etc.

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32127

Country

USA

Zip

32129

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3160696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DAVID C  
1326 S. RIDGEWOOD AVENUE  
SUITE 6  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	NIXON, AUSTIN D	
STREET ADDRESS	1500 AIRWAY CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	NIXON, JANICE C	
STREET ADDRESS	1500 AIRWAY CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	nixon, A. David	
STREET ADDRESS	413 Oak Pl Bldg 4 Unit L	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nixon, Janice C.	
STREET ADDRESS	413 Oak Pl Bldg 4 Unit L	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature of Austin D. Nixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00 904-767-9887

CR2E034 (9/99)