

FILED
Jul 07, 2003 8:00 am
Secretary of State

05-15-2003 90113 037 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041721

1. Entity Name
MERLIN'S APPLIANCE SERVICE, INC.



Principal Place of Business
101 W. CYPRESS
KISSIMMEE FL

Mailing Address
1820 WOOD VIOLET DR.
ORLANDO FL 32824

44005486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3159727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWALRAM, MERLIN H
1820 WOOD VIOLET DRIVE
ORLANDO FL 32824

Name
HAROLD P. DAWALRAM
Street Address (P.O. Box Number is Not Acceptable)
1820 WOOD VIOLET DRIVE
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 *Harold Dawalram* *Harold Dawalram* 7-2-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when releasing) 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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PT	DAWALRAM, MERLIN H	1820 WOOD VIOLET DR.	ORLANDO FL 32824	☒
V	DAWALRAM, HAROLD P	1820 WOOD VIOLET DR.	ORLANDO FL 32824	☐
S	DAWALRAM, SHANNA S	1820 WOOD VIOLET DR.	ORLANDO FL 32824	☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
PRESIDENT - TREASURER				☒
				☐
				☐
				☐
				☐
				☐

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: *Harold Dawalram*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03 407-9700036

Date

Daytime Phone #

CR2034 (10/02)