

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90010 004 ***150.00

DOCUMENT # P93000045401

1. Entity Name

ALL MAJOR APPLIANCE SERVICE, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 238~~
TARPON SPRINGS FL ~~34689~~
US

~~857 CRESTRIDGE CT~~
TARPON SPRINGS FL ~~34689~~
US

2. Principal Place of Business

TARPON
857 Crestridge Cir. Springs Fl.

3. Mailing Address

P.O. Box 1785, Tarpon Sp 71.34688

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Sp., Fl.

City & State

Tarpon Springs, Fl.

Zip

34689

Country

Pinellas

Zip

34688-1785 Pinellas

Country

Pinellas

4. FEI Number **59-3184966**

Applied For

Not Applicable

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

REGISTERED CORPORATE AGENTS, INC.
612 S. GREENWOOD AVENUE
CLEARWATER FL 34616-5610

Name

CAROL HUFF

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

(Mailing) - P.O. Box 1785 Tarpon Springs Fla. 34688

857 CRESTRIDGE CIRCLE

City

TARPON SPRINGS

FL

Zip Code

34689

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 *Carol Huff*

9-26-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS, D	<input type="checkbox"/> Delete
NAME	HUFF, CAROL	
STREET ADDRESS	857 CRESTRIDGE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Carol Huff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-01
Date
77-934-2294
Daytime Phone #

CR2E034 (10/00)