

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90011 045 ***550.00

DOCUMENT # P93000052871

1. Entity Name

DISCOUNT APPLIANCE SALES & SERVICE, INC.

Principal Place of Business

Mailing Address

**5425 SHIRLEY ST
 UNIT A
 NAPLES FL 34109
 US**

**5425 SHIRLEY ST
 UNIT A
 NAPLES FL 34109
 US**

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 **65-0429226**

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

**RALPH, GARY A
 2652 AIRPORT ROAD SOUTH,
 NAPLES FL 34112**

Name **RAUL MENENDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
588 101ST AVE N
Naples
 City **FL** Zip Code **34108**

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, 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	VP	<input type="checkbox"/> Delete
NAME	MENENDEZ, RAUL	
STREET ADDRESS	5425 SHIRLEY ST UNIT A	
CITY-ST-ZIP	NAPLES FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MENENDEZ, ROXANA	
STREET ADDRESS	5425 SHIRLEY ST., UNIT A	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MENENDEZ, SILFREDO	
STREET ADDRESS	5425 SHIRLEY ST	
CITY-ST-ZIP	NAPLES FL 34109	
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	P, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUL MENENDEZ	
STREET ADDRESS	5425 SHIRLEY ST UNIT A	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7/01 941-597-6364