

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008267

1. Entity Name

AFTER 5IVE APPLIANCE SERVICE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90132 002 ***150.00

Principal Place of Business

214 PARKWOOD DR S
ROYAL PALM BEACH FL 33411
US

Mailing Address

12788 W FOREST HILL BLVD.
STE. 2005
WELLINGTON FL 33414
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

214 PARKWOOD DR. S.

Suite, Apt. #, etc.

City & State

ROYAL PALM BCH. FLA.

Zip

33411

Country

U.S.A.

4. FEI Number 65-0467302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SPILLANE, J.R.~~
~~12788 W FOREST HILL BLVD.~~
~~STE. 2005~~
~~WELLINGTON FL 33414~~

7. Name and Address of New Registered Agent

Name DONALD DORFMAN

Street Address (P.O. Box Number is Not Acceptable)
214 PARKWOOD DR. S.

City ROYAL PALM BCH. FL Zip Code 33411

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

DONALD DORFMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-01

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	DORFMAN, MARTHA O	
STREET ADDRESS	214 PARKWOOD DR S	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	DORFMAN, DONALD	
STREET ADDRESS	214 PARKWOOD DR S	
CITY-ST-ZIP	ROYAL PALM 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	<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	
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:

DONALD DORFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

561-798-5555

Daytime Phone #

CR2E034 (10/00)