## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P94000009630** DAN COLLINS' HOME APPLIANCE AND REPAIR, INC. 04-14-2000 90080 016 \*\*\*150.00

Country

FILE NOW!!! FEE IS \$150.00

Name

City

Mailing Address 1613 URBANA AVE.

3. Mailing Address

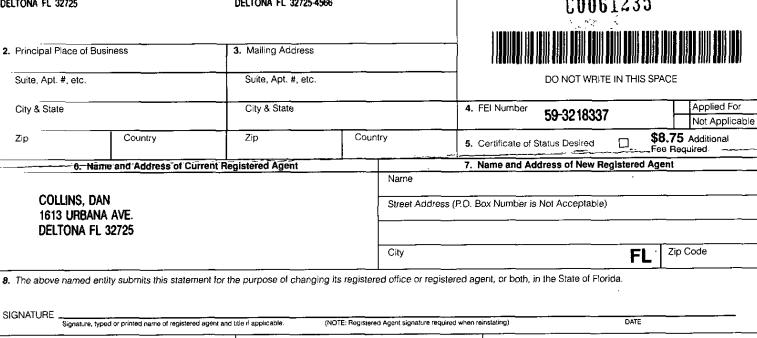
City & State

Suite, Apt. #, etc.

**DELTONA FL 32725-4566** 

Apr 14, 2000 8:00 am Secretary of State

C0061235



Tax filing requirement and elects to do so.  (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State		50.00 of State	10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.			
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, Dan 1613 Urbana Ave. Deltona Fl 32725		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, VICTORIA 1613 URBANA AVE. DELTONA FL 32725		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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:

Principal Place of Business

2. Principal Place of Business

COLLINS, DAN

1613 URBANA AVE. **DELTONA FL 32725** 

9. This corporation is eligible to satisfy its Intangible

Country

6. Name and Address of Current Registered Agent

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

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE .

1613 URBANA AVE.

**DELTONA FL 32725** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR