| 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000042329 1. Entity Name SOUTHEAST REFRIGERATOR & HOME APPLIANCE SERVICE, | | | | | FILED Mar 13, 2000 8:00 am Secretary of State 03-13-2000 90017 038 ***150.00 | | | |
|---|---|---|--|---|---|--|--|--|
| , | e of Business | Mailing Address | | | | | | |
| 4207 SOUTH TAMIAMI TRAIL SARASOTA FL 34231 | | 4207 SOUTH TAMIAMI TRAIL SARASOTA FL 34231-3627 | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. | #, etc. | Suité, Apt. #, etc. | | | DO NOT W | RITE IN THIS SP | ACE | |
| City & State | | City & State | | 4. 1 | El Number 65-04993 | 64 | | plied For t Applicable |
| Zip | Country | Zip | Country | 5. (| Certificate of Status Desired | | 8.75 Add | litional |
| | 6. Name and Address of Current Re | gistered Agent | | 7.1 | ame and Address of New | Registered Ac | ent | |
| | | | Name | | | | | |
| - 80 75 - SUIT | 10 - | amiami Trai: | | | ox Number is Not Acceptal | ble) | | |
| SAR/ | ASOTA FL 34238 34231 | City | | | | FL | Zip Code | e |
| 8. The above | named entity submits this statement for th | ne purpose of changing its | registered office o | r registered ag | ent, or both, in the State of | Florida. | L | |
| SIGNATURE | Signature, typed or printed name of registered agent and | tile it applicable. (NOTE | . Registered Agent signal | ure required when re | unslating) | DATE | | |
| Tax filing r | pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) | FILE NOW! After MAY 1, 20 Make Check Payab | | 550.00 | 10. Election Campaign Trust Fund Contribu | | | O May Be to Fees |
| 11. | OFFICERS AND DI | | 12. | AD | DITIONS/CHANGES TO O | | | |
| TITLÉ NAME Street address City-st-zip | P Burg, Robert G 3236.S Lockwood Ridge R D. - Sarasota FL | Delete | TITLE NAME STREET ADDRESS CITY~ST-ZIP | | dent Robert G Jewel Dr | | X Change Add re | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 🗋 Delete | TITLE NAME STREET ADDRESS CITY~ST-ZIP | Saras | ota, FL 342 | 40 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ! Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Burg, 1621 J | resident Lynne M ewel Dr | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Saraso | ta, FL 3424 | 0 | Change | Addition |
| TITLE NAME STREET ADDRESS CJTY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | _ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | Change | Addition |
| 13. I hereby of indicated of the cor changed, SIGNAT | certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empoye or on an attachment with ar accuss, with FURE: | is filing does not qualify for be and accurate and that m fred to execute this report in all other like empowered. | ny signature shall h as required by Cha | ted in Section lave the same apter 607, Flori | 119.07(3)(i), Florida Statute legal effect as if made unde da Statutes; and that my na <u>3-7-00</u> Date | ar oath; that I an me appears in <u>641-</u> | y that the in an officer Block 11 or | nformation or director Block 12 if |