

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90450 042 ***150.00

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DOCUMENT # P94000042329

1. Entity Name
SOUTHEAST REFRIGERATOR & HOME APPLIANCE SERVICE, INC.

Principal Place of Business Mailing Address
5650 SWIFT RD. 5650 SWIFT RD.
SARASOTA FL 34231 SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0499364**

Applied For
 Not Applicable

Zip Country

Zip Country

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

ANDERSON, KENT J
7101 S. TAMiami TRAIL
SARASOTA FL 34231

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME | P BURG, ROBERT G | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1621 JEWEL G | |
| CITY-ST-ZIP | SARASOTA FL 34240 | |
| TITLE NAME | VP LYNNE, BURG M | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1621 JEWEL DR | |
| CITY-ST-ZIP | SARASOTA FL 34240 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
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| 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: _____ Date **2-19-02** Daytime Phone # **941-922-7044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)