

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000058628**

1. Entity Name  
ADVANCED APPLIANCE SALES & SERVICE, INC

FILED

Apr 25, 2001 08:00 AM  
Secretary of State

Principal Place of Business		Mailing Address	
1022 10TH ST.		1022 10TH ST.	
ST. CLOUD	FL	ST. CLOUD	FL
34769		34769	

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	Applied For
<b>59-3257045</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent			
CARPENTER LARRY D 420 ILLINOIS AVE			
ST. CLOUD FL			
34769 US			

7. Name and Address of New Registered Agent			
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 \_\_\_\_\_

**04/25/2001**

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNLOW CHARLES R 1634 PINE ST ORLANDO FL	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNLOW CHARLES R 1634 PINE ST ORLANDO FL 32806	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARPENTER ANNE S. 420 ILLINOIS AVENUE ST. CLOUD FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARPENTER ANNE S. 420 ILLINOIS AVENUE ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER LARRY D 420 ILLINOIS AVENUE ST. CLOUD FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER LARRY D 420 ILLINOIS AVENUE ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 807, 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: Anne S Carpenter

ST **04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)