

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90065 027 ***550.00

0127616 AT

DOCUMENT # P94000083770

1. Entity Name

APPLIANCE ENTERPRISES INC.



Principal Place of Business

**116 SOUTH PARK AVE.
TITUSVILLE FL 32780**

Mailing Address

**116 SOUTH PARK AVE.
TITUSVILLE FL 32780**

2. Principal Place of Business

3. Mailing Address

6400 Abisco Road
Suite, Apt. #, etc.

6400 Abisco Road
Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL

Zip

32927

Country

USA

Zip

32927

Country

USA

4. FEI Number

59-3283428

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, LAVERNE N
6400 ABISCO ROAD
COCOA FL 32927**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COOPER JR, LAVERNE N**
STREET ADDRESS **6400 ABISCO RD.**
CITY-ST-ZIP **COCOA FL**

TITLE **VP** ☐ Delete
NAME **COOPER, PAUL**
STREET ADDRESS **6062 BANBURY ST**
CITY-ST-ZIP **COCOA FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAVERNE N. COOPER JR.

Date

Daytime Phone #

8/25/03 321-631-3237

CR2E034 (4/03)