


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90977 045 \*\*\*158.75

**DOCUMENT #** P96000015354 *NC 12-19-02*

**1. Entity Name**  
I & S APPLIANCE, INC.  
*AFTER FIVE SERVICES*



55041722

**Principal Place of Business**  
2777 S. CONGRESS AVE  
LAKE WORTH FL 33461

**Mailing Address**  
PO BOX 5116  
LIGHTHOUSE FL 33074



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
~~ZIMMERMAN, STEPHEN L~~  
~~707 E ATLANTIC BLVD~~  
~~POMPANO BEACH FL 33060~~

**7. Name and Address of New Registered Agent**  
Name *ELLIS, FRANKLIN*  
Street Address (P.O. Box Number is Not Acceptable) *2777 S CONGRESS AVE*  
City *LAKE WORTH* FL Zip Code *33461*

**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 *Ellis Franklin* DATE *5/16/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINBERG, IRA MATTHEW PO BOX 5116 LIGHTHOUSE FL 33074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 receiver 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:** *IRA MATTHEW STEINBERG* *4/24/03* *561642702*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (10/02)