

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90104 001 ***300.00

DOCUMENT # P96000028274

1. Entity Name
APPLICA CONSUMER PRODUCTS, INC.



Principal Place of Business
5980 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

Mailing Address
5980 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

66001113



2. Principal Place of Business

3633 Flamingo Rd
Suite, Apt. #, etc.

3. Mailing Address

3633 Flamingo Rd
Suite, Apt. #, etc.

01122005 Chg-P CR2E034 (10/03)

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number
65-0659920

Applied For
Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARSTARPHEN, LISA R
5980 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent

Name LISA R. CARSTARPHEN

Street Address (P.O. Box Number is Not Acceptable)

3633 Flamingo Rd

City

MIRAMAR

FL

Zip Code

33027

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCDC ☐ Delete
NAME SCHULMAN, HARRY D
STREET ADDRESS 5980 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES, FL

TITLE S ☐ Delete
NAME CARSTARPHEN, LISA R
STREET ADDRESS 5980 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE CFO ☐ Delete
NAME KAPLAN, ADAM L
STREET ADDRESS 5980 MIAMI LAKES DRIVE
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE DCFO ☐ Delete
NAME POLISTINA, TERRY L
STREET ADDRESS 5980 MIAMI LAKES DR
CITY-ST-ZIP MIAMI LAKES, FL 33014

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 CPDC ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 3633 Flamingo Rd
CITY-ST-ZIP MIRAMAR FL 33027

TITLE SAME ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 3633 Flamingo Rd
CITY-ST-ZIP MIRAMAR FL 33027

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Lisa R. Carstarphen, Corp. Secretary

11/19/05 (904) 883-1025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #