

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077979

1. Entity Name

AFFORDABLE APPLIANCE, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90030 047 \*\*\*150.00

Principal Place of Business

380 S. STATE RD. 434  
SUITE 1004-158  
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 S. STATE RD. 434  
SUITE 1004-158  
ALTAMONTE SPRINGS FL 32714-3810

2. Principal Place of Business

540 N. HWY 434,  
Suite, Apt. #, etc.  
SUITE #5

3. Mailing Address

540 N. HWY 434  
Suite, Apt. #, etc.  
SUITE #5



DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3402079

Applied For

Not Applicable

Zip

Country

32714 USA

Zip

Country

32714

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODS, KEVIN L  
380 S. STATE ROAD 434  
SUITE 1004-158  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name KEVIN L. WOODS

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

540 N. HWY 434

SUITE #5

City ALTAMONTE SPRINGS, FL

FL

Zip Code 32714

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

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

KEVIN L. WOODS, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS, KEVIN L	
STREET ADDRESS	832 CAMARGO WAY., APT #112	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN L. WOODS	
STREET ADDRESS	600 COLBY CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN L. WOODS

4/24/00

Daytime Phone #

407-774-7075

CR2E034 (9/99)