

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007628

1. Entity Name

ANTHONY'S APPLIANCE & AIR CONDITIONING, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 022 ***150.00

Principal Place of Business

Mailing Address

10099 64TH STREET N.
PINELLAS PARK FL 33782

10099 64TH STREET N.
PINELLAS PARK FL 33782-3039

2. Principal Place of Business

3. Mailing Address

9499-60th St No.

9499-60th St No

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park Florida

City & State
Pinellas Park Florida

4. FEI Number 85-0743887

Applied For
Not Applicable

Zip
33782-3039

Country
Pinellas

Zip
33782-3039

Country
Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIMAR, ANTHONY
10099 64TH STREET N.
PINELLAS PARK FL 33782

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
9499-60th St No

City Pinellas Park FL Zip Code 33782

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RIMAR, ANTHONY
STREET ADDRESS 10099 64TH STREET N.
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME SAME
STREET ADDRESS 9499-60th St No
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE STD
NAME RIMAR, SANDRA
STREET ADDRESS 10099 64TH STREET N.
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE
NAME SAME
STREET ADDRESS 9499-60th St No
CITY-ST-ZIP Pinellas Park FLA 33782

TITLE
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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:

Date

Daytime Phone #

2-7-00

727-544-1376

CR2E034 (9/99)