

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90088 014 \*\*\*150.00

**DOCUMENT # P98000007681**

1. Entity Name  
**A/P APPLIANCE SERVICE, INC.**

Principal Place of Business

**3951 GULF SHORE BLVD. N.  
 #104  
 NAPLES FL 34103**

Mailing Address

**3951 GULF SHORE BLVD. N.  
 #104  
 NAPLES FL 34103**

2. Principal Place of Business

**123 Barefoot Circle**  
 Suite, Apt. #, etc.

3. Mailing Address

**123 Barefoot Circle**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, Florida**

4. FEI Number **65-0817689**

Applied For

Not Applicable

Zip

**34134**

Country

**Collier**

Zip

**34134**

Country

**Collier**

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

**PECK, ANDREW F  
 3951 GULF SHORE BLVD. N., SUITE 104  
 NAPLES FL 34103**

Name

**Peck, Andrew F.**

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

**123 Barefoot Circle**

City

**Bonita Springs**

FL

Zip Code

**34134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-20-01**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PECK, ANDREW F</b>	
STREET ADDRESS	<b>3951 GSBN #104</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
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		

TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Andrew F. Peck</b>	
STREET ADDRESS	<b>123 Barefoot Circle</b>	
CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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)(l), 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-20-01**

CR2E034 (10/00)