

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007681

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

Principal Place of Business
123 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

Mailing Address
123 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

2. Principal Place of Business
Same As Above

3. Mailing Address
Same As Above

City & State

City & State

4. FEI Number 65-0817689

Applied For
Not Applicable

Zip

Country
USA

Zip

Country
USA

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

6. Name and Address of Current Registered Agent

PECK, ANDREW F
123 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
N/A

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

City

FL

Zip Code

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

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PECK, ANDREW F
123 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Andrew F Peck*

01-05-02 (941) 495-9650

FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90056 043 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)