

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90200 041 ***150.00

DOCUMENT # P98000067832

1. Entity Name

ALL FLORIDA APPLIANCE & A/C SERVICE, INC.



Principal Place of Business

**10115 SEA SPRAY PL
TAMPA FL 33624
US**

Mailing Address

**10115 SEA SPRAY PL
TAMPA FL 33624
US**

2. Principal Place of Business

1614 Broken Branch Dr.
Suite, Apt. #, etc.

3. Mailing Address

1614 Broken Branch Dr.
Suite, Apt. #, etc.

City & State

Wesley Chapel FL

City & State

Wesley Chapel FL

33543
Zip

US
Country

33543
Zip

US
Country

4. FEI Number

59-3524056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**IBRAHIM, SHERIF
10115 SEA SPRAY PL
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Ibrahim, Sherif

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

1614 Broken Branch Dr.

City

Wesley Chapel

FL

Zip

33543

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	IBRAHIM, SHERIF	
STREET ADDRESS	10115 SEA SPRAY PL	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE:

IBRAHIM, SHERIF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03
Date

Daytime Phone #

CR2E034 (10/02)