2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90020 039 ***150.00

DOCUMENT # P98000075456

1. Entity Name
APPLIANCE INSPECTION & REPAIR INC.

Principal Place of Business	Mailing Address
P.O. BOX 731451 ORMOND BEACH FL 32173	P.O. BOX 731451 ORMOND BEACH FL 32173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3536793 ☐ Applied For ☐ Not Applicable

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
SILBER, THOMAS 5 MEADOW RUN COURT ORMOND BEACH FL 32174	Name 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SILBER, THOMAS B 5 MEADOWRUN CT. ORMOND BCH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILBER, MARY 5 MEADOWRUN CT ORMOND BCH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Thomas B Silber 7-12-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Appliance Inspection & Repair Inc.

PO Box 731451 Ormond Beach, Fl. 32173-1451
Phone 904-673-9769
Toll Free 1-877-689-7989 Fax 904-673-7485

Attachment
P98000075456
A00686615

Florida Department of State
Katherine Harris
Secretary of State

Appliance Inspection & Repair Inc.
PO Box 731451
Ormond Beach, Fl.

Re: No notice received

MS. Harris

Enclosed is our check for $150.00 for our annual report.. We never receive any previous mailings on this, I had called your office and I was told to send you a letter informing you that we did not receive the Annual report request and to send only the $150.00..

In advance thank you for your help and understanding in this matter

Sincerely

Thomas B Silber
President