

2000 UNIFORM BUSINESS REPORT (UBR)

4/41

FILED

Jul 05, 2000 8:00 am
Secretary of State

04-26-2000 90056 009 ***150.00

DOCUMENT # P99000056782

1. Entity Name

AUTHORIZED APPLIANCE REPAIR, INC.

Principal Place of Business

8170 ROBALO DR.
ORLANDO FL 32825

Mailing Address

8170 ROBALO DR.
ORLANDO FL 32825-3514

2. Principal Place of Business

10435 Lehman Rd
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3405367

Applied For

Not Applicable

Zip

32825

Country

Orange

Zip

32825

Country

Orange

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASER, GENE P
8170 ROBALO DR.
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name Gene Glaser

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

10435 Lehman Rd

City Orlando

FL

Zip Code 32825

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

Gene Glaser

(NOTE: Registered Agent signature required when registering)

4-21-00

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

TITLE President
NAME Gene Paul Glaser
STREET ADDRESS 10435 Lehman Rd.
CITY-ST-ZIP Orlando, FL 32825 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

Gene Glaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 407-472555
Daytime Phone #

CR2E034 (9/99)