2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91167 031 ***150.00

DOCUMENT # P99000057553

1. Entity Name

A & A APPLIANCE SERVICES, INC.

Principal Place of Business	Mailing Address
822 ALBERT AVE LEHIGH ACRES FL 33971	822 ALBERT AVE LEHIGH ACRES FL 33971-6425

2. Principal Place of Business — 3. Mailing Address

Street Address — Suite, Apt. #, etc.

City & State — 4. FEI Number 65-0928588 — Certified Copy — Additional Copies

County — Zip — Country — 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
DEROUEN, SHELLY A 1953 COLONIAL BLVD FT MYERS FL 33907	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: (Typed or printed name of registered agent and title if applicable) (Required when mailed) (Registered Agent signature required when mailed)

9. The above entity is eligible to satisfy its intangible tax requirement and elects to do so. (Fee shown 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	
PVST VALENTIN, JOSE A 822 ALBERT AVE LEHIGH ACRES FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D VALENTIN, JOSE A 822 ALBERT AVE LEHIGH ACRES FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. Each person who signs this report certifies that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Each person who signs this report certifies 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: Jose A Valentin — Jose A. Valentin — 4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (9/99)