

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91482 012 ***150.00

DOCUMENT # P99000057553

1. Entity Name
A & A APPLIANCE SERVICES, INC.



Principal Place of Business
822 ALBERT AVE
LEHIGH ACRES FL 33971

Mailing Address
822 ALBERT AVE
LEHIGH ACRES FL 33971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3200 Lee Blvd.

Suite, Apt. #, etc.
3200 Lee Blvd.

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

Zip Country
33971 USA

Zip Country
33971 USA

4. FEI Number **65-0928523**

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

~~DEROUEN, SHELLY A~~
~~1953 COLONIAL BLVD~~
~~FT MYERS FL 33907~~

Name **Jose Valentin**
Street Address (P.O. Box Number is Not Acceptable)
822 Albert Ave.

City **Lehigh Acres** **FL** Zip Code **33971**

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 *Jose Valentin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

104-26-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **VALENTIN, JOSE A**
STREET ADDRESS **822 ALBERT AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE **D** ☐ Delete
NAME **VALENTIN, JOSE A**
STREET ADDRESS **822 ALBERT AVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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 like empowered.

SIGNATURE: *Jose Valentin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104-26-03
Date Daytime Phone #

CR2E034 (10/02)