

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90205 038 ***150.00

DOCUMENT # P99000086717

1. Entity Name
CORPORATE APPLIANCE REPAIR, INC.



Principal Place of Business
2700 NW 123 TERRACE
CORAL SPRINGS FL 33065

Mailing Address
2700 NW 123 TERRACE
CORAL SPRINGS FL 33065



2. Principal Place of Business
9950 NW 23 Street
Suite, Apt. #, etc.

3. Mailing Address
9950 NW 23 Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL.
Zip
33065 Country

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CORAL SPRINGS, FL.
Zip
33065 Country

4. FEI Number **65-0957445**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARMSTRONG, NOEL
2700 NW 123 TERRACE
CORAL SPRINGS FL 33065
9950 NW 23 Street
CORAL SPRINGS, FL.
33065

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | PD ARMSTRONG, NOEL 2700 NW 123 TERRACE CORAL SPRINGS FL 33065 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 9950 NW 23 Street CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date **2-11-03** (954) 272-4255 Daytime Phone #

CR2E034 (10/02)