

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090210

1. Entity Name

"A PLUS" APPLIANCES, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90032 022 ***150.00

Principal Place of Business

8300 LITTLE BETH DR. EAST
BOYNTON BEACH FL 33437

Mailing Address

8300 LITTLE BETH DR. EAST
BOYNTON BEACH FL 33437

New Address ↓

2. Principal Place of Business

11496 Beacon Pt. Lane

3. Mailing Address

11496 Beacon Pt. Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL 33414

City & State

Wellington, FL

4. FEI Number

TEN: 65-0954838

Applied For

Not Applicable

Zip

33414

Country

U.S.A

Zip

33414

Country

U.S.A / P.B. 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

Name

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

City

FL

Zip Code

SCAVO, ROSANNA
8300 LITTLE BETH DR. EAST
BOYNTON BEACH FL 33437

Please update new address above.

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	PD	<input type="checkbox"/> Delete
NAME	SCAVO, ROSANNA	
STREET ADDRESS	8300 LITTLE BETH DR. EAST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Rosanna Scavo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

(561) 784-8431

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
P99000090210
00081379

To whom it may concern,

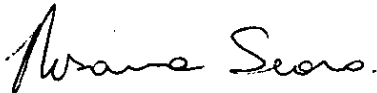
I would like to apologize for the delay on this check; however, I never received the first notice. As soon as I received your bill, which stated it was a second notice, I called immediately to inform you that I never received a bill the first time. I was told to send a check for \$150.00 and to write you a letter explaining what happened.

When I moved from my previous address, my mail was forwarded to my new address, yet I never received your first notice. I do not know what could have happened to it, but one thing I can assure you of is that I pay all of my bills on time. I honestly did not receive the first notice.

Could you please update my new address to : 11496 Beacon Pt. Lane
Wellington, FL. 33414

I appreciate your help in this matter. Please feel free to call me at (561)784-8431 if you have any questions. Thank you.

Sincerely,



Rosanna Scavo
Owner - "A Plus" Appliances
