

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90076 018 ***150.00

DOCUMENT # S90725

1. Entity Name
ARCH-MART APPLIANCE AND AIR CONDITIONING SERVICE, INC.



Principal Place of Business
**3068 SE DOMINICA TERRACE
STUART FL 34997**

Mailing Address
**3068 SE DOMINICA TERRACE
STUART FL 34997**



2. Principal Place of Business

529 SE CENTRAL PARKWAY
Suite, Apt. #, etc.

3. Mailing Address

529 SE CENTRAL PARKWAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
STUART, FL.

City & State
STUART, FL.

4. FEI Number **65-0296942**

Applied For
Not Applicable

Zip
34994

Country
MARTIN

Zip
34994

Country
MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRIONES, LUIS C.
3068 SE DOMINICA TERR
STUART FL 34997**

7. Name and Address of New Registered Agent

Name **LUIS C. BRIONES**

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

529 SE CENTRAL PARKWAY

City **STUART**

FL

Zip Code **34994**

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

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

(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 **SVD** ☐ Delete
NAME **BRIONES, JEANETTE A**
STREET ADDRESS **3068 SE DOMINICA TERRACE**
CITY-ST-ZIP **STUART FL 34997**

TITLE **DP** ☐ Delete
NAME **BRIONES, LUIS C**
STREET ADDRESS **3068 SE DOMINICA TERRACE**
CITY-ST-ZIP **STUART FL 34997**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JEANETTE A. CAZARE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **529 SE CENTRAL PARKWAY**
CITY-ST-ZIP **STUART, FL. 34994**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

ONE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(772) 288-4414

CR2E034 (10/02)