## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED DOCUMENT # V10848 Apr 12, 2000 8:00 am Secretary of State ACCURATE APPLIANCE INSTALLATIONS, INC. 04-12-2000 90111 001 \*\*\*450.00 Principal Place of Business Mailing Address 657 BALMORAL RD 657 BALMORAL RD WINTER PARK FL 32789-5204 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address P.O. BOX 3804 N. ORMNEE BLUSSOM TR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT Applied For City & State City & State 4. FEI Number 59-3113570 Not Applicable WINTER PART DRLANDO. \$8.75 Additional 5. Certificate of Status Desired 32790 -URANGE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINDHAM, WILMA S. Street Address (P.O. Box Number is Not Acceptable) 657 BALMORAL RD WINTER PARK FL 32789 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DVP ☐ Delete TITLE TITLE NAME WINDHAM, ROGER A., JR NAME STREET ADDRESS STREET ADDRESS 1833 MAYWOOD RD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Change Addition DPS. TITLE TITLE Delete NAME WINDHAM, WILMA S. NAME STREET ADDRESS STREET ADDRESS 657 BALMORAL ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL DUP THEAS. **Addition** Delete TITLE ☐ Change TITLE WINDHAM, R. ALAN 657 BALMORAL RD. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL. 32789 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4-6-00 (407)297-0866