## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **F94000001689** Apr 21, 2000 8:00 am Secretary of State CP SHADES, INC. 04-21-2000 90135 020 \*\*\*150.00 Principal Place of Business Mailing Address 2850 BRIDGEWAY 2850 BRIDGEWAY **SAUSALITO CA 94965-2801** SAUSALITO CA 94965 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 94-2211492 Not Applicable Country -Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete WEINSTEIN, DAVID NAME STREET ADDRESS 66 ISSAQUAH DOCK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAUSALITO CA 94965 ☐ Channe ☐ Addition ☐ Delete TITLE TITLE WEINSTEIN, DENISE NAME NAME **66 ISSAQUAH DOCK** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = SAUSALITO CA 94965 ☐ Change ☐ Addition TITLE TITLE POWNALL, ALISON NAME NAME STREET ADDRESS STREET ADDRESS 92 LAURA LANE CITY-ST-ZIP CITY-ST-ZIP FAIRFAX CA 94930 ☐ Change ☐ Addition ☐ Delete TITLE TITLE QUAREQUIO, NINA NAME NAME STREET ADDRESS STREET ADDRESS 10 ABBEY ST CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94114 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

min all other like empowered. SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER