

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90023 047 \*\*\*150.00

**DOCUMENT # P96000015674**

1. Entity Name  
**LANDMARK BLINDS, INC.**

Principal Place of Business 1689 NORTH HIATUS ROAD, SUITE 166 PINE FL 33026	Mailing Address 1689 NORTH HIATUS ROAD, SUITE 166 PEMBROKE PINES FL 33026-2129
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0642583** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SONNEBORN, KENT D**  
 11901 NW 13 CT  
 PEMBROKE PINES FL 33026

**7. Name and Address of New Registered Agent**

Name **KENT D. SONNEBORN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O LANDMARK MANAGEMENT SERVICES, INC.**  
**12323 SW 55 ST. BLDG 1000 SUITE 1002**  
 City **Cooper City, FL** Zip Code **33330**

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 *Kent D. Sonneborn* 4/18/2000  
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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	
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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: *Kent D. Sonneborn* KENT D. SONNEBORN 4/18/2000 954-680-9545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)