

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90027 004 ***158.75

DOCUMENT # *Note I could not find our Form so I copied my other corp form + changed info so I could file on time.*

1. Entity Name
Blinds To Go INC.

Principal Place of Business *Formerly 303 Anastasia Blvd Jacksonville FL 32204*
Mailing Address

2. Principal Place of Business *New Change*
1515 CR 210 West
 Suite, Apt. #, etc. **203**
 City & State **Jacksonville**
 Zip **FL** Country **St. John**

3. Mailing Address
1515 CR 210 West
 Suite, Apt. #, etc. **203**
 City & State **Jacksonville**
 Zip **FL** Country **St. John**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3520624** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GORDON, ALAN M ESO
9485 REGENCY SQUARE BLVD #220
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 re-registering.)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	CPTD WALLS, WALLACE REID 3032-1 ST. JOHNS AVENUE JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3516 Indian Creek Blvd Jacksonville FL 32259
<input type="checkbox"/> Delete	VSD WALLS, BRENDA ANN 3032-1 ST. JOHNS AVENUE JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3516 Indian Creek Blvd Jacksonville FL 32259
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Wallace Reid Walls Pres Wallace Reid Walls 4/24/00 904-824-2464*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #