

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90465 036 ***150.00

DOCUMENT # S86755

1. Entity Name

SUNSTATE DRAPERY SERVICES, INCORPORATED



Principal Place of Business

**3830 S NOVA RD
SUITE C-4
PORT ORANGE FL 32127
US**

Mailing Address

**3830 S NOVA ROAD
SUITE C-4
PORT ORANGE FL 32127
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3088781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LABIAK, ROBERT P.
2005 S RIVERSIDE DR #15
EDGEWATER FL 32141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT P LABIAK PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	LABIAK, ROBERT P.	NAME	
STREET ADDRESS	1327 WAYNE AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LABIAK, ELIZABETH M.	NAME	
STREET ADDRESS	2126 S. RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	LABIAK, PAMELA E.	NAME	
STREET ADDRESS	233 E. 89TH ST., APT 2C	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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:

LABIAK, ROBERT P. LABIAK PRESIDENT

Date

1/9/03

Daytime Phone #

386 761 9499