

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86755

1. Entity Name

SUNSTATE DRAPERY SERVICES, INCORPORATED

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90209 034 ***150.00

Principal Place of Business

Mailing Address

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

3830 S NOVA ROAD
SUITE C-4
PORT ORANGE FL 32127-9205
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3088781**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABIAK, ROBERT P.
1327 WAYNE AVENUE
NEW SMYRNA BEACH FL 32168

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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	LABIAK, ROBERT P.	1327 WAYNE AVE.	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>
V	LABIAK, ELIZABETH M.	2126 S. RIVERSIDE DR.	EDGEWATER FL 32141	<input type="checkbox"/>
S	LABIAK, PAMELA E.	233 E. 89TH ST., APT 2C	NEW YORK NY 10128	<input type="checkbox"/>
2V	LABIAK, DAVID C.	2916 INDIA PALM	EDGEWATER FL 32141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT P LABIAK 4/29/00 904-761-9499

CR2E034 (9/99)