

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90060 004 ***150.00

DOCUMENT # 496105

1. Entity Name

DAYTONA VENETIAN-BLIND-AND-DRAPERY COMPANY

Principal Place of Business

Mailing Address

1715 RIDGEWOOD AVE.
 HOLLY HILL FL 32117

365 GUM BRANCH ROAD
 HARTWELL GA 30643
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1640184

Applied For

Not Applicable

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

HICKEY, WILBURN W.
 1715 RIDGEWOOD AVE.
 HOLLY HILL FL 32117

Name

RICHARD K. CHURCHMAN, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

1255 MASON AVENUE

City

DAYTONA BEACH

FL

Zip Code

32117

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

RICHARD K. CHURCHMAN, C.P.A.

Richard K. Churchman

3-3-00

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
PD	HICKEY, WILBURN W.	365 BUM BRANCH ROAD	HARTWELL GA	<input type="checkbox"/>
ST	HICKEY, ROXANA D.	365 GUM BRANCH ROAD	HARTWELL GA	<input type="checkbox"/>
D	HICKEY, ROXANA D.	365 GUM BRANCH ROAD	HARTWELL GA	<input type="checkbox"/>
	Mr. Wilburn Hickey	365 Vanna Waller Rd.	Hartwell, GA 30643	<input type="checkbox"/>

changed name street name

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"/>

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 empowerments.

SIGNATURE:

Wilburn W. Hickey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000

Date

706-376-8200

Daytime Phone #

CR2E034 (9/99)