

3/31

FILED
May 21, 2002 8:00 am
Secretary of State

03-31-2002 90349 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

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.



MR WILBURN W HICKEY
 365 VANNA WALLER RD
 HARTWELL GA 30643

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHURCHMAN, RICHARD K
 1255 MASON AVE
 DAYTONA BEACH FL 32117

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, 2002 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	PD HICKEY, WILBURN W. 365 VANNA WALLER ROAD HARTWELL GA 30643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HICKEY, ROXANA D. XXXXXXXXXXXXXXXXXXXX 365 VANNA WALLER HARTWELL GA XXXX RD. HARTWELL GA 30643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEY, ROXANA D. XXX XXXXX XXXX 365 VANNA WALLER HARTWELL GA XXXX RD. HARTWELL GA 30643	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Wilburn W. Hickey
 WILBURN W. HICKEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2002 706 376 8200

CR2E034 (9/01)