

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90835 046 \*\*\*150.00

**DOCUMENT # 530282**

1. Entity Name

**PALM BEACHER DRAPERIES AND BEDSPREADS, INC.**

Principal Place of Business

Mailing Address

**6598 N MILITARY TRAIL  
RIVIERA BCH FL 33407****6598 N MILITARY TRAIL  
RIVIERA BCH FL 33407****548737**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **52-1089980**

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

**IVES, JEFFREY J.  
6598 N MILITARY TRAIL  
WEST PALM BEACH FL 33407**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-18-01**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, 2001 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 **S** ☐ Delete  
NAME **CLARK, SUZANNE D**  
STREET ADDRESS **8147 NASHUA DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33418**TITLE **S** ☒ Change ☐ Addition  
NAME **IVES, SUZANNE**  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **IVES, JEFFREY J**  
STREET ADDRESS **8340 N. HAVERHILL**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2775 LAKE DRIVE**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**TITLE **V** ☐ Delete  
NAME **IVES, RUSSELL J**  
STREET ADDRESS **3120 BLEVEDERE RD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33404**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1296 S. HARBOR DRIVE**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SUZANNE CLARK - Suzanne Clark

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**

CR2E034 (10/00)