

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90408 032 ***150.00

DOCUMENT # F18726

1. Entity Name

VINCENT RADCLIFFE CUSTOM DRAPERIES, INC.

Principal Place of Business

Mailing Address

116 N. ORION AVE
 CLEARWATER FL 34625

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 CLEARWATER FL 34625

Change

Vincent Radcliffe Custom Draperies Inc.

2. Principal Place of Business

3. Mailing Address

116 N. Orion Ave.

Suite, Apt. #, etc.

Clearwater, Fl.

City & State

Zip

U.S.A.

33765

Country

U.S.A.

4. FEI Number

59-2060608

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

RADCLIFFE JR., VINCENT A.
 116 N. ORION AVE.
 CLEARWATER FL 34625

Name

Sherry C. Radcliffe

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

116 N. ORION AVE.

City

Clearwater

FL

Zip Code

33765

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

Sherry C. Radcliffe PD+STD Sherry C. Radcliffe

5-4-2001

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RADCLIFFE, VINCENT A, JR	
STREET ADDRESS	116 N ORION ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RADCLIFFE, SHERRY C	
STREET ADDRESS	116 N ORION ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD+STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Radcliffe C.	
STREET ADDRESS	2201 CAPRI DR.	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sherry C. Radcliffe

P.D. Sherry Radcliffe

5-1-2001

727-446-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)