## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2000 8:00 am Secretary of State DOCUMENT # F98000002535 1. Entity Name WHOLESALE SHUTTERS DIRECT, INC. 04-10-2000 90065 035 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 51086 P.O. BOX 51086 FORT MYERS FL 33994-1086 FORT MYERS FL 33994-1086 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0746914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, KEVIN L Street Address (P.O. Box Number is Not Acceptable) 490 PROSPECT AVE. UNIT #1 FORT MYERS FL 33905 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CPST Change ☐ Addition ☐ Delete TITLE TITLE Martin, Kevin L NAME NAME 490 PROSPECT AVE. UNIT #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:



4-4-00

941-493-21100

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