2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07027 1. Entity Name

CARPETS & BLINDS BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

FILED Apr 06, 2000 8:00 am Secretary of State

04-06-2000 90055 035 ***150.00

5122 EDGEWATER DR				5122 EDGEWATER DR										
STE 200 ORLANDO FL 32810-5229 US			(STE 200 ORLANDO FL 32810-5229 US				# (0# 1/ 06 / J	13 120 1 16 11 13 11 8 111	181 4 001 1 11 0 11	Order Order Dis	fii 1 1 1 11	OKOKI 1001	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WE	RITE IN TH	IS SPACE			
City & State				City & State		4.	FEI Number	59-22364	41	F		olied For Applicable		
Zip	Country			Zip	Coun	try	5. Certificate of Status Desired				S8.75 Additional Fee Required			
6. Name and Address of Current Re				gistered Agent		7.	Name and Ad	ldress of New	Registere	d Agent				
MCGRATH, JANICE V. 5122 EDGEWATER DR STE 200 ORLANDO FL 32810						Name								
						Street Address (P.O. Box Number is Not Acceptable)			ole) 					
				a _ april _ april =	- '	City					7in	Code		
						City				<u>-</u> -	Zip			
8. The above	named entit	y submits this staten	nent for th	e purpose of changing its	registere	ed office or r	egistered aç	gent, or both, i	n the State of F	Florida.				
SIGNATURE .	Signature, typed	or printed name of registere	d agent and I	ittle if applicable (NOTE	: Registere	d Agent signature	e required when r	reinstating)		DAT	 E			
En E NAVOU FEE L)							
 This corporation is eligible to satisfy its Intangible - Tax filing requirement and elects to do so. (See criteria on back) 				After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			0.00	1	on Campaign F und Contribut	-			May Be to Fees	
11.		OFFICERS	AND DIF	RECTORS	12.		A	DDITIONS/CH	IANGES TO OF	FICERS A	ND DIREC	TORS	IN 11	
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NAME	MCGRATI	H, JANICE V.			NAM									
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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: