

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90017 028 ***150.00

80001673



DO NOT WRITE IN THIS SPACE

DOCUMENT # G72629 1. Entity Name BLANCHARD'S VINYL SHELVING, INC.				 DO NOT WRITE IN THIS SPACE																	
Principal Place of Business 3343 ARTESIAN DR LANTANA FL 33462 US		Mailing Address 3343 ARTESIAN DR LANTANA FL 33462 US																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State		City & State																			
Zip		Country		4. FEI Number 59-2372461																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent BLANCHARD, JAMES T. 719 NW 7TH COURT BOYNTON BEACH FL 33435				7. Name and Address of New Registered Agent Name JAMES T Blanchard Street Address (P.O. Box Number is Not Acceptable) 122 SW 10th Street BOYNTON BEACH City FL Zip Code 33426																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
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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: Barbara Blanchard **BARBARA BLANCHARD** 1/5/01 736-1052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #