

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64217

1. Entity Name

CHRYSALIS DECORATIVE FABRICS, INC.

Principal Place of Business

% BEN F. BETTS, JR.  
104 NORTH MAGNOLIA DRIVE  
TALLAHASSEE FL 32301

Mailing Address

1950 THOMASVILLE ROAD  
TALLAHASSEE FL 32303  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2485476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BETTS, BEN F. JR.  
104 NORTH MAGNOLIA DRIVE  
TALLAHASSEE FL 32301

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT

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  
After MAY 1, 2001  
Make Check Payable to Department of State

1. FEE IS \$150.00  
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

TITLE DST  Delete  
NAME WINGATE, ARLENE B.  
STREET ADDRESS 4784 THOMASVILLE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP  Delete  
NAME WINGATE, PETER K  
STREET ADDRESS 8630 COACH RD. 4840 THOMASVILLE RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME 300004271343-5  
STREET ADDRESS  
CITY-ST-ZIP -05/18/01-01083-020  
\*\*\*\*150.00  Change  Addition

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME SP  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify to 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 is 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: *Arlene B. Wingate ARLENE B. WINGATE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-224-2924

Date

Daytime Phone #

CR2E034 (10/00)

002562