

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

0010832 AV

DOCUMENT # **J51555**

1. Entity Name
SHADES, INC.

LA

07-18-2001 90014 049 ***150.00

Principal Place of Business
427 S NEW YORK
WINTER PARK FL 32789
US

Mailing Address
SHADES
427 SO NEW YORK
WINTER PARK FL 32789
US

LUU7380Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
170 East Morse
 Suite, Apt. #, etc.

3. Mailing Address
170 East Morse
 Suite, Apt. #, etc.

City & State
Winter Park Fla
 Zip
32789

City & State
Winter Park Fla
 Zip
32789

4. FEI Number **59-1675376** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BONUS, PHILIP F.
170 E. WASHINGTON ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MCPEAK, STEPHANIE L 4441 STEED TERR. WINTER PK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCPEAK, STEPHANIE LEE 4441 STEED TERR. WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>McPeak Stephanie</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1360 Grafton Ct.</i> <i>Oviedo Fla 32765</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stephanie L McPeak* **SIGNATURE REQUIRED** *7-31-01* *4107* *628-3535*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

Doc. # J51555

To whom it ²⁰⁰⁷³⁸⁰⁹ may concern,

Please understand that

I moved my business
in March and I
never received
my Uniform Business Report
until this week 7-6-07.

I knew something was
different when I read
the amount of \$550.00
when I usually pay 150.00
and have for 10 years.

Please accept my
check for 150.00
and not fine me,
I just didn't think
about the bill, it's
easy to forget when
there's so many taxes +
forms.

My new address is
on the form.

Thank You
Stephanie
McPeak
President