


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90136 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J92427

1. Corporation Name  
VERTICAL BLINDS ETC., INC.

Principal Place of Business 13812 WRIGHT CR TAMPA FL 33626 US	Mailing Address 13812 WRIGHT CR TAMPA F 33626 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1987

4. FEI Number

59-2853386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DAVIS, SHELDON P.  
100 S. ASHLEY DR.  
SUITE 890  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	Sheldon P. Davis
82 Street Address (P.O. Box Number is Not Acceptable)	405 Overbrook
83	
84 City	Bellair
85 Zip Code	FL 33756

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SPENCER, LISA A	
STREET ADDRESS	13812 WRIGHT CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, SCOTT W	
STREET ADDRESS	13812 WRIGHT CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPENCER, ROBERT C.	
STREET ADDRESS	13812 WRIGHT CR	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZINSMEISTER, DANIEL C.	
STREET ADDRESS	32 E NEW HAVEN AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPENCER, RICKY T	
STREET ADDRESS	13812 WRIGHT CR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Spencer Lisa Ann	
1.3 STREET ADDRESS	13812 Wright Circle	
1.4 CITY-ST-ZIP	Tampa, FL 33626	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (11/98)