## 2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State  VERTICAL BLINDS ETC., INC.    Secretary of State	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J92427  1. Entity Name VERTICAL BLINDS ETC., INC.						FILED					
Perincipal Place of Business  Mining Address  1812 WRIGHT CR  TAMPA F. \$2666 US  Solution Applied For CR  To Country  Solution Country  Solution Applied For CR  To Manne and Address of Courset Registered Agent  To Manne And Address of New Registered Agent  To Manne  Steel Address (FO. 3cs Number is Not Acceptable)  To Vision Solution So							Mar 19, 2001 8:00 am Secretary of State					
13972 WRIGHT CR   TAMPA F 3888							=					
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Suito, Apt. #, etc.    City & Siste   City & City & Siste   City & City & Siste   City &	2 Principal P	Place of Business	3 Mailing Address									
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificato of Status Desired  S. 38.75 Addisonal Fee Registered Agent  T. Name and Address of New Registered Agent  SPENCER, LISA ANN  13312 WRIGHT CIRCL  TAMPA FL 33626  City  FL  ZP Code  City  FL  ZP Code  City  FL  ZP Code  Street Address (P O. Box Number is Not Acceptable)  Signature  Grown or serve of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  Signature Spide or one feet of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE STATE SPIN IN THE MARKET AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE SPIN IN THE MARKET AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.  SIGNATURE STATE AGENTS  IN Example 1 State of Florida.	Z. Trinoipari	Taco of Additions	U. Malling Address				i (88/4)8 0()]	, HEIRE (1881 ETQUE 110)		HANK BILBIN BILANI BILA		
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Zip Country Zip Country 5, Cartificate of Status Decired S\$6.75 Additional Foe Required Loc. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, USA ANN 13812 WRIGHT CIRCEL TAMPA FL 38626 City FL Zip Code City	City & Stat	re	City & State			<b>4</b> , F	Ei Number	59-285338	6			
SPENCER, LISA ANN 13812 WRIGHT CIRCLE TAMPA FL 33626  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co	Zip	Country	Zip	Zip Coun		5. (	Certificate of	Status Desired		<b>\$8.75</b> Addi	tional	
SPENCER, LISA ANN 13812 WRIGHT CIRCEL TAMPA FL 33626  City FL Zip Code  City FL Zip		6. Name and Address of Current	Registered Agent			7. N	lame and Ad	dress of New R	egistered			
13812 WRIGHT CIRCEL TAMPA FL 33626  City FL Zip Code  3. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature:    Signature: Signatur	13812 WRIGHT CIRCEL				Name							
B. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.    SiGNATURE					Street Ac	ldress (P.O. B	ox Number is	Not Acceptable	)			
SIGNATURE  Signature by the desired agency and the specification of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature by the desired agency and the specification. (NOTE Registered Agent signature registered agent, or both, in the State of Florida.  P. This corporation is eligible to satisfy its Intangible Tark filing requirement and elects to do so.  Make Check Payable to Department of State  Make Check Payable to Department of State  SPENCER, LISA A  SIRET ADDRESS  SIRET ADDRESS  TITLE  SPENCER, ROBERT C.  SIRET ADDRESS  TITLE  TAMPA FL  SIRET ADDRESS  TITLE  SPENCER, RICKY T  SIRET ADDRESS  TITLE  SPENCER, RICKY T  SIRET ADDRESS  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  CITY-S1-ZP  TAMPA FL  SIRET ADDRESS  CITY-S1-ZP  TAMPA FL  SIRET ADDRESS  SIRET ADDRESS  CITY-S1-ZP  TAMPA FL  SIRET ADDRESS  CITY-S1-ZP  CITATARY  Change  TAMPA FL  Change  Addition  TAMPA FL  Change  Addition  TAMPA FL  Change  Additio	1741	WFA FL 33020			City	.,,,,				Zip Code		
SIGNATURE    Signature   Signa	6. The observe	and astitution this statement for	s the property of character its		and office or	intored	ant or both i	n the Ctate of Flo		<u>-</u>		
Signet Addition   Spence   Spread or private dame of registered agent and stall if applicable   Change   Change   Change   Change   Addition   Change   Change   Addition   Change   Change   Change   Change   Addition   Change	6. The above	rhamed entity submits this statement to	ine purpose of changing its	register	ed Office Of	registered agr	ent, or both, i	II (IIA 2rara 0) Lio	ilua.			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Addition Fund Fund Fund Fund Fund Fund Fund Fun	SIGNATURE .	Signature hand or printed tame of registered exect	and title if englicable (NOT	- Bagistor	ad Agent signatu	ra required when ro	instating)		DATE		\	
Tax filing requirement and elects to do so.  (See criteria on back)    After MAY 1, 2001 Fee will be \$550.00     Make Check Payable to Department of State							installing)			<del>"", .</del>		
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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		Lertify that the information supplied with	this filing does not qualify fo			ed in Section 1	119.07(3)(i). F	Florida Statutes I	further ce	ertify that the ini	formation	

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:

NAME OF SIGNING OFFICER OR DIRECTOR