

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93313

1. Entity Name

INNOVATIVE DRAPERIES AND INTERIORS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90046 050 ***150.00

Principal Place of Business

Mailing Address

4900 MANATEE AVE. W.
STE 101
BRADENTON FL 34209
US

4900 MANATEE AVE. W.
STE 101
BRADENTON FL 34209-3859
US

30036751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4301 32nd St. W.

4301 32nd St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E-7

Suite E-7

City & State

City & State

Bradenton FL

Bradenton FL

4. FEI Number

65-0020981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEISSNER, GREGORY C.
1111 THIRD AVENUE W.
SUITE 150
BRADENTON FL 34205

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.

(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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SHOEMAKER, GEORGE WESLEY
316 45TH ST. CT. NW
BRADENTON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SHOEMAKER, SHARON LEE
316 45TH ST. CT. NW
BRADENTON FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

George Wesley Shoemaker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00 941-798-9925

CR2000 7/0/00