

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86199

1. Entity Name
BOMBAY SHUTTERS, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90012 042 ***150.00

Principal Place of Business: 900 CARTER RD, 218, WINTER GARDEN FL 34787, US
Mailing Address: 900 CARTER RD, 218, WINTER GARDEN FL 34787-4105, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **59-2950070**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ADAMS, ROBERT W.
2951 MARQUESAS CT
WINDERMERE FL 32786**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME: D ADAMS, ROBERT W.	<input type="checkbox"/> Delete
STREET ADDRESS: 2591 MARQUESAS CT	
CITY-ST-ZIP: WINDERMERE FL	
TITLE NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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 my address, with all other like empowered.

SIGNATURE: Robert W. Adams Date: 4/25/00 Daytime Phone #: 407-877-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)