


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90087 011 ***150.00

11/03/03

DOCUMENT # L17939
1. Entity Name
DRAPERIES & BLINDS UNLIMITED, INC.



Principal Place of Business
**624 S. FEDERAL HWY.
DEERFIELD BCH. FL 33441**

Mailing Address
**624 S. FEDERAL HWY.
DEERFIELD BCH. FL 33441**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**VIGORITA, LOUIS F TRES.
624 S. FEDERAL HWY
DEERFIELD BEACH FL 33441**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
T VIGORITA, F. LOUIS 624 S. FEDERAL HWY DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
VS COURIER, JACLYN 3057 NW 78TH AVE COCONUT CREEK FL 33063	<input type="checkbox"/> Delete
P COURIER, SCOTT R. 3057 NW 48TH AVENUE COCONUT CREEK FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Vigorita* 1/17/03 954-428-7188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)