

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90051 029 \*\*\*150.00

**DOCUMENT # P00000063737**

1. Entity Name

**CUSTOM BLINDS & SHUTTERS, INC.**

Principal Place of Business

**10265-1 BEACH BLVD  
JACKSONVILLE, FL 32246**

Mailing Address

**10265-1 BEACH BLVD  
JACKSONVILLE FL 32246**

2. Principal Place of Business

**3530 AGRICULTURAL CNTR DR**

Suite, Apt. #, etc.

**Suite 202**

3. Mailing Address

**3530 AGRICULTURAL CNTR DR**

Suite, Apt. #, etc.

**Suite 202**

City & State

**ST. AUGUSTINE**

City & State

**ST. AUGUSTINE**

Zip

**FL**

Country

**32092**

Zip

**FL**

Country

**32092**

4. FEI Number

**59-3656302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID J**

**10265-1 BEACH BLVD**

**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3530 AGRICULTURAL CENTER DRIVE**

**Suite 202**

City **SAINT AUGUSTINE**

**FL**

Zip Code

**32092**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	<b>MILLER, DAVID J</b>	
STREET ADDRESS	<b>10265-1 BEACH BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LEWECKI, JAMES S</b>	
STREET ADDRESS	<b>10265-1 BEACH BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, CHUCK</b>	
STREET ADDRESS	<b>10265-1 BEACH BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DAVID LEE</b>	
STREET ADDRESS	<b>3530 AGRICULTURAL CENTER DR Suite 202</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32092</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>GREG LOFTON</b>	
STREET ADDRESS	<b>3530 AGRICULTURAL CENTER DR Suite 202</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32092</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SMITH, CHUCK</b>	
STREET ADDRESS	<b>3530 Agricultural Center Dr Suite 202</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32092</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3530 AGRICULTURAL CENTER DR Suite 202</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32092</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3530 AGRICULTURAL CENTER DR Suite 202</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32092</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (9/01)