

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90494 007 ***150.00

DOCUMENT # P00000073500

1. Entity Name

VERTICAL BLINDS & ACCESSORIES, INC.

Principal Place of Business

**KRESS BLDG. STE M-8, 475 CENTRAL AVE
 ST PETERSBURG FL 33701**

Mailing Address

**KRESS BLDG. STE M-8, 475 CENTRAL AVE
 ST PETERSBURG FL 33701**

2. Principal Place of Business

1470 U.S. HWY. 41 NORTH

Suite, Apt. #, etc.

3. Mailing Address

12350 E. WALTON DR.

Suite, Apt. #, etc.

City & State

INVERNESS FL 34450

Zip Country
34450 USA

City & State

FLORAL CITY, FL 34436

Zip Country
34436 USA

4. FEI Number

59-3662766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MASCARA, ERNEST L
 KRESS BLDG, STE M-8, 475 CENTRAL AVE
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name
LIZ HEDDEN
 Street Address (P.O. Box Number is Not Acceptable)
12350 E. WALTON DR.
 City
FLORAL CITY FL Zip Code
34436

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 *Liz Hedden* *Liz Hedden* *Secretary*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/01
 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, 2001 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 **D** ☐ Delete
 NAME **HEDDEN, LIZ**
 STREET ADDRESS **12350 E WALTON DR**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **D** ☐ Delete
 NAME **HEDDEN, VERIL**
 STREET ADDRESS **12350 E WALTON DR**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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 *Liz Hedden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Liz Hedden **3/10/01**

Date

Daytime Phone #

352 7261354

CR2E034 (10/00)

0626016