

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90498 004 \*\*\*150.00

0327738 AV

**DOCUMENT # P01000011467**

1. Entity Name  
**FLORIDA DRAPERY, INC.**

Principal Place of Business <b>5714 COCO PALM DRIVE          FORT LAUDERDALE FL 33319</b>	Mailing Address <b>C/O JOHN H HULL          5714 COCO PALM DRIVE          FORT LAUDERDALE FL 33319</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>2304 N. DIXIE HWY.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>FT. LAUD., FL</b>	
Zip	Country	Zip <b>33305</b>	Country <b>FLORIDA</b>

4. FEI Number <b>65-1099693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HULL, JOHN H  
 5714 COCO PALM DRIVE  
 FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name: **WADE SHRACK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2304 N. DIXIE HWY**  
 City: **FT. LAUD., FL** Zip Code: **33305**

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: *Wade Shrack, Director* DATE: **3/15/02**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHRACK, WADE</b> <b>2304 N DIXIE HWY</b> <b>FORT LAUDERDALE FL 33305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wade Shrack* DATE: **3/15/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)