## FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT (UBR)				1 km km km	
DOCUMENT # 96\000 \\6637			OS DEC	;-3 PH 3:42	
			477H	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DRAPERY SUPPLY	CORPORATION		TALLA	IASSEE, FLORIDA	
DO NOTABLE				•	
DO NOT WRIT	E IN THIS'S	PACE		3 <b>0000932</b> 9 2/03/020107500	<b>5</b> 633
2. Principal Place of Business 2354 NW 25 <sup>TH</sup> ST.	3. Mailing Address			2/03/02010/5 <u>0</u> 0	5 **150.00
Suite, Apt. #, etc.	12,354 NW 2 Suite, Apt. #, etc.	2517 51.		do not write in thi	S SPACE
City & State	CORAL SPRIN	ya FL	4. FEI	Number	Applied For
Zip Country <b>53% V.S.A.</b>	Zip 33065	Country U.S.A	<b>5.</b> Ceri	ificate of Status Desired	\$8.75 Additional Fee Required
		<del></del>	7. Name	and Address of Current Register	
DO NOT V	NDITE	Name C	HRISTOPH Idress (P.O. Box	ER Cours	
DO NOT	A Section 1	Street Ad			
IN THIS S	PACE	, , ,	37 NW_	28 IM ST.	
		City			
7.			AL SPILLA	F S	Zip Code
The above named entity submits the statement	t for the purpose of changing it	s registered office or r	egistered agent,	or both, in the State of Florida.	
GNATURE					
Signature, typed or printed name of registered ago	ent and title if applicable. (NO	TE: Registered Agent signature	required when reinstat	ng) DAIF	
This corporation is eligible to satisfy its Intangil	ble January 1 - I	May 1 Fee is \$150.	00		
Tax filing requirement and elects to do so.	After May	/ 1, Fee is \$550.00 ed UBR is \$61.25	1	Election Campaign Financing     Trust Fund Contains to a	<b>\$5.00</b> мау Ве
	Make Check Paya	ble to Department	of State	Trust Fund Contribution.	Added to Fees
OFFICERS AN	ID DIRECTORS			160	
CHRISTOPHER, COLL	LIC.	TITLE			
ET ADDRESS 12334 NW 25TH ST.		STREET ADDRESS			
-ST-ZIP CORAL SPAINCE F	L 33065	CITY-ST-ZIP	- \ M		
VICE PRESIDENT SHAWN RIEGHER		TITLE .		( ۱۸۷	**
ET ADDRESS 12354 AW 25TH ST	•	NAME STREET ADDRESS	M		The state of the s
ST-ZIP CORNE SPRINGS T	FL 33065	CITY. ST-ZIP	4		i Naturi Sangaran
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ST-ZIP	The state of the s	STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE .
		TITLE			
		NAME		IN THIS SPACE	CE .
T ADDRESS ST-ZIP		STREET ADDRESS	,		
	<u> </u>	CITY-ST-ZIP			* *
		NAME.			w.
FADDRESS (		STREET ADDRESS			
ST-ZIP		CITY-ST-ZIP	<u>1</u>		
		TITLE SECTION			
FADDRESS		NAME STREET ADORESS			
ST- ZIP		CITY-ST-ZIP			
hereby certify that the information supplied with indicated on this report or supplemental part is	h this filing does not qualify for	the exemption stated	in Section 119.0	(3)(i), Florida Statutes. I further con	lify that the information
ndicated on this report or supplemental report in of the corporation or the receiver or trustee em attachment with an address, with an other like ei	powered to execute this report	iy signature shall have t as required by Chap	the same legal e ter 607, Florida S	ffect as if made under oath; that I a atutes; and that my name appears	m an officer or director
/ '//	npowered.	- "			Wedn'r i Ol Gil all
SNATURE:	Ull	CHRIS	COLLINS	11/2/02 10	54) 295-4903
SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR		Date	<u> </u>

## Drapery Supply Corporation

November 5, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Division:

I am sending this letter with my completed Uniform Business Report for the year of 2002, and would like the late fee to be waived. The address of the corporation on file with the state changed in February 2002, which would explain why I never received my UBR for this year. My corporation has not done any business since its incorporation date of December 10, 2001, but plans on starting operations in 2003. I would greatly appreciate the division's understanding.

Sincerely,

Christopher Collins

President