

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085313

1. Entity Name
AMERICAN BLINDS & SHUTTERS OUTLET, INC.



Principal Place of Business
851 WEST HWY 436
SUITE 1047
ALTAMONTE SPRINGS FL 32714

Mailing Address
851 WEST HWY 436
SUITE 1047
ALTAMONTE SPRINGS FL 32714

FILED

04 OCT 22 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
9439 Forest city covr
Suite, Apt. #, etc.

3. Mailing Address
9439 Forest city covr
Suite, Apt. #, etc.
Alt. Springs, FL

REINSTATEMENT 03-04
☐ CHECK HERE IF MAKING CHANGES

City & State
Alt. SPGS FL

City & State

4. FEI Number
22-3861986

☒ Applied For
☐ Not Applicable

Zip
32714

Country
Seminole

Zip
32714

Country
Seminole

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIVARANI, HASSAN
851 WEST HWY 436
SUITE 1047
ALTAMONTE SPRINGS FL 32714
9439 Forest city covr
Alt. Springs FL
32714

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHIVARANI, HASSAN
851 WEST HWY 436, SUITE 1047
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700041667687
10/07/04--01029--001 **908.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9439 Forest city covr
Alt. Springs FL
32714

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
32714

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I Would like to

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
reinstead the

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
above corporation please

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$908.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

Date

Daytime Phone #

CR2E034 (10/02)

0076598 AV