2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

P02000107217

WILLIAMS WINDOW TREATMENTS, INC.

Principal Place of Business 921 BROADWAY DUNEDIN FL 34698	Mailing Address 921 BROADWAY DUNEDIN FL 34698					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
						

FILED Aug 04, 2003 8:00 am Secretary of State

08-04-2003 90154 049 ***150.00

			3/	COD WE THE					
921 BROADWAY		Mailing Address 921 BROADWAY DUNEDIN FL 34698	921 BROADWAY						
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.		,		CHECK HERE IF MAKING CHANGES					
City & State City & State				4. FEI Number 03-0485559 X Applied For Not Applicable					
Zip Country Zip		Countr	y	5. Certificate of Status Desired					
	6. Name and Address of Cur	rrent Registered Agent	<u> </u>		7. Name	and Address of New Registered	Agent		
1840 SW 4TH FLO	& Utrera, P.A. 22ND St. Or		-	Street Address	MELA J s (P.O. Box Nu 5 Baysi	WILLIAMS mber is Not Acceptable) de DR			
MIAMI FL	. 33145			'City Tar	pon Sp	rings F	Zip Code 3368	e 3 9	
Tarpon Springs 3.3689 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) OATE									
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00			9.	Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
10.	OFFICERS	AND DIRECTORS	11.		ADDITIO	NS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
ITLE VAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, PAMELA J 921 BROADWAY DUNEDIN FL 34698	Delete	TITLE NAME	T ADDRESS			☐ Change	☐ Addition	
TITLE	VD WILLIAMS, ROBERT S 921 BROADWAY DUNEDIN FL 34698	☐ Delete	TITLE NAME	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	STD WILLIAMS, TIFFANY 921 BROADWAY DUNEDIN FL 34698	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	<u> </u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S				☐ Change	Addition	
I hereby co	ertify that the information supplied	d with this filing does not qualify	v for the exem	iption stated in !	Section 149.07	(3)(i), Florida Statutes, I further ce	ertify that the in	nformation	

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 applicable with reference of the chapter 607.

SIGNATURE:

Attachment 7/31/03