

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

PS 1 82

DOCUMENT # P02000121413

1. Entity Name

CUSTOM BLINDS & SHUTTERS OF JACKSONVILLE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7035 Phillips Highway

Suite, Apt. #, etc.

Suite 6-107

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Address

7035 Phillips Highway

Suite, Apt. #, etc.

Suite 6-107

City & State

Jacksonville, FL

Zip

32216

Country

USA

4. FEI Number

57-1137718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS J. MCBRIDE

Street Address (P.O. Box Number is Not Acceptable)

2255 THE WOODS DRIVE EAST

City

JACKSONVILLE

FL

Zip Code

32246

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

*Thomas J. McBride*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/04

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
D  
THOMAS J. MCBRIDE  
2255 THE WOODS DRIVE EAST  
JACKSONVILLE, FL 32216

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

OB-04

TITLE  
NAME  
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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/04

CR2E034B (12/01)

19282

# TAX ADVANTAGE

Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

JAMES K. REESE, EA

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

March 31, 2004

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

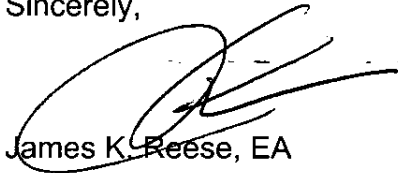
Re: CUSTOM BLINDS & SHUTTERS OF JACKSONVILLE, INC. –  
2003 Uniform Business Report Document #: P02000121413

Dear Sir or Madam:

Please find the enclosed Check for \$300.00 for the above referenced Corporation's 2003 and 2004 Uniform Business Report. Due to an address change, the Taxpayer never received the 2003 report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:  
Check for \$300.00