

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90354 027 \*\*\*150.00

DOCUMENT # P 93000073190

1. Entity Name

CONTRACT HOUSE DRAPERIES, INC.

14015774

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6593 POWERS AVENUE

3. Mailing Address

6593 POWERS AVENUE

Suite, Apt. #, etc.

SUITE 13

Suite, Apt. #, etc.

SUITE 13

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32217

Country

US

Zip

32217

Country

US

4. FEI Number

59-1395938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ZIMMERMAN, LANNY L

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

6593 POWERS AVENUE

SUITE 13

City

JACKSONVILLE

FL

Zip Code

32217

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
ZIMMERMAN, LANNY L  
6593 POWERS AVENUE-SUITE 13  
JACKSONVILLE FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: LANNY ZIMMERMAN Lanny Zimmerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04 (904)  
737-9077