

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001731

1. Entity Name

SHADE-MATE PRODUCTS INC.

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90067 001 \*\*\*300.00

Principal Place of Business

1850 S.E. HWY 19  
CRYSTAL RIVER FL 34429  
US

Mailing Address

P.O. BOX 130  
CRYSTAL RIVER FL 34423

2. Principal Place of Business

9030 W.Ft. Island Tr.

3. Mailing Address

P.O. Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11B

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

Country

34429 USA

Zip

Country

34423 USA

4. FEI Number

59-3091752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, CURTIS C  
1281 N. LOMBARDO AVE.  
LECANTO FL 34461

7. Name and Address of New Registered Agent

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.

SIGNATURE Curtis C. Tomlinson Curtis C. Tomlinson March 13, 2001

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PT  
NAME TOMLINSON, CURTIS C.  
STREET ADDRESS 1281 N. LOMBARDO AVENUE  
CITY-ST-ZIP LECANTO FL ☐ Delete

TITLE ST  
NAME KOSTLE, JANICE  
STREET ADDRESS 1281 N. LOMBARDO AVENUE  
CITY-ST-ZIP LECANTO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition  
NAME TOMLINSON, CURTIS C.  
STREET ADDRESS 3890 N. APALACHEE PT.  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ST ☒ Change ☐ Addition  
NAME KOSTLE-TOMLINSON, JANICE  
STREET ADDRESS 3890 N. APALACHEE PT.  
CITY-ST-ZIP CRYSTAL RIVER, FL

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Curtis C. Tomlinson Curtis C. Tomlinson March 13, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0548431

CR2E034 (10/00)