FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 08, 2003 8:00 am Secretary of State P94000021352 DOCUMENT # 08-08-2003 90097 028 ***150.00 1. Entity Name KELSIE'S ULTRASONIC BLIND CLEANING, INC. Mailing Address Principal Place of Business 1324 TWIN RIVERS BLVD 1324 TWIN RIVERS BLVD OVIEDO FL 32766 OVIEDO FL 32766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-3231344 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **⇒DAVID WRIGHT** 1324 TWIN RIVERS BLVD OVIEDO FL 32766 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Addition WRIGHT, DAVID NAME NAME 3847 TULLS POINT 1324 TWIN RIVERS BLVD STREET ADDRESS STREET ADDRESS OVIEDO FL 32766 CITY-ST-ZIP CITY-ST-ZIP cretar ☐ Delete TITLE TITLE Change Wicale Compton 3862 Tuck Point NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true a g boss not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information or is true a 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 trustea 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

Ottachment # 86137273 Kelsie's Blinds

3867 Tucks Point
Winter Park, FL 32792
407-695-6631 office • 407-671-6632 fax

July 29,2003

To Whom It May Concern,

Kelsie's Blinds did not receive the first application for Corporation Uniform Business Report until this form was sent to our office. We have moved to a new location, but this form states our old address and we did receive this one. I have enclose the check and the new address, if you have any question please call our office.

Sincerely

Nicole Compton Kelsie's Blinds

Secretary