

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030152

1. Entity Name  
BLINDS DECOR, INC.

FILED

01 JAN -4 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
6 COMMERCIAL COURT  
SUITE B  
PALM BEACH FL 32137  
PALM COAST FL 32137

Mailing Address  
6 COMMERCIAL COURT  
SUITE B  
PALM BEACH FL 32137  
US  
PALM COAST FL 32137

2. Principal Place of Business  
6 COMMERCIAL COURT  
Suite, Apt. #, etc.  
SUITE B

3. Mailing Address  
6 COMMERCIAL COURT  
Suite, Apt. #, etc.  
SUITE B

City & State  
PALM COAST FL

City & State  
PALM COAST FL

Zip  
32137

Country  
USA

Zip  
32137

Country  
USA

REINSTATEMENT 2000

4. FEI Number 59-3236408

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FEDELE, MARTHA  
2 OFFICE PARK DR.  
SUITE A-3  
PALM COAST FL 32137

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 DATE LS

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP GOMEZ, FREDY 6 COMMERCIAL COURT, STE. B PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS IEDELE, MARTHA J 24 AVALON DR PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, FREDDY S 56 BLARE CASTLE DR PALM COAST FL 32137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEDELE, MARTHA J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003532572-7 -01/11/01--01038--004 *****758.75 *****758.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-27-00 Daytime Phone #

CR2E034 (5/00)