

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012955

1. Entity Name
WINDOW DECOR OF COLLIER COUNTY, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90656 020 ***150.00

Principal Place of Business
4584 TAMiami TRAIL N
NAPLES FL 34103
US

Mailing Address
4584 TAMiami TRAIL N
NAPLES FL 34103
US

LU038431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0550988		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PATTEN, STANLEY B JR. 4584 TAMiami TRIAL NORTH NAPLES FL 34103				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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, PATRICIA		NAME	STANLEY B. PATTEN JR	
STREET ADDRESS	4584 TAMiami TRAIL N		STREET ADDRESS	4584 TAMiami TR. N.	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	VPST	<input checked="" type="checkbox"/> Delete	TITLE	VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTEN, STANLEY B JR.		NAME	PATRICIA PATTEN	
STREET ADDRESS	4584 TAMiami TRAIL N		STREET ADDRESS	4584 TAMiami TR. N.	
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Stanley B. Patten Jr **STANLEY B. PATTEN JR** 03-20-4 (941) 263-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)