

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90171 042 ***150.00

US-9803 AV

DOCUMENT # P95000026918

1. Entity Name
SHUTTERS AND SHADES, INC.

Principal Place of Business 1120 FERNLEA DRIVE W PALM BEACH FL 33417	Mailing Address 1120 FERNLEA DRIVE W PALM BEACH FL 33417
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0572800	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SZOLSCEK, JOHN J
1120 FERNLEA DRIVE
W PALM BEACH FL 33417**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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 PVTD	<input type="checkbox"/> Delete
NAME SZOLSCEK, JOHN J	
STREET ADDRESS 1120 FERNLEA DRIVE	
CITY-ST-ZIP W PALM BEACH FL 33417	
TITLE SDTD	<input type="checkbox"/> Delete
NAME SZOLSCEK, PATRICIA A	
STREET ADDRESS 1120 FERNLEA DRIVE	
CITY-ST-ZIP W PALM BEACH FL 33417	
TITLE VD	<input type="checkbox"/> Delete
NAME SHERMAN, MATTHEW G	
STREET ADDRESS 864 WHIPPOORWILL ROD	
CITY-ST-ZIP W PALM BEACH FL 33411	
TITLE VD	<input type="checkbox"/> Delete
NAME SHERMAN, CAROL B	
STREET ADDRESS 864 WHIPPOORWILL ROD	
CITY-ST-ZIP W PALM BEACH FL 33411	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *John J. Szolscek* **JOHN J. SZOLSCEK** **4/23/02** **561-478-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)