

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90016 033 \*\*\*150.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0572800**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PVTD</b>	<input type="checkbox"/> Delete
NAME	<b>SZOLSCEK, JOHN J</b>	
STREET ADDRESS	<b>1120 FERNLEA DRIVE</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>SDTD</b>	<input type="checkbox"/> Delete
NAME	<b>SZOLSCEK, PATRICIA A</b>	
STREET ADDRESS	<b>1120 FERNLEA DRIVE</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33417</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHERMAN, MATTHEW G</b>	
STREET ADDRESS	<b>864 WHIPPOORWILL ROD</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33411</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHERMAN, CAROL B</b>	
STREET ADDRESS	<b>864 WHIPPOORWILL ROD</b>	
CITY-ST-ZIP	<b>W PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED *[Signature]* 4/27/03 (56) 478-2002  
Date Daytime Phone #

CR2E034 (10/02)