

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004864

1. Entity Name

VERTICAL BLINDS OF FLORIDA, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90038 028 ***150.00

Principal Place of Business Mailing Address
3268 U.S. HWY 27 SOUTH 3268 U.S. HWY 27 SOUTH
SEBRING FL SEBRING FL 33870-5437

00007923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3268 US Hwy 27 S Suite, Apt. #, etc.
Sebring FL 41 City & State

4. FEI Number 65-0644215 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SCHEURER, LARA Name
3268 U.S. HWY 27 SOUTH Street Address (P.O. Box Number is Not Acceptable)
SEBRING FL 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 *Lara Scheurer* (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. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHEURER, LARA | | | NAME | | | |
| STREET ADDRESS | 3268 U.S. HWY 27 SOUTH | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SEBRING FL | | | 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 | | | |
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| 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: *Lara Scheurer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #