

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90087 034 ***150.00

DOCUMENT # P96000039968

1. Entity Name

AMERICAN VERTICAL BLINDS, INC.

Principal Place of Business

9904 SOUTHERN BLVD
 WEST PALM BEACH FL 13411

Mailing Address

9904 SOUTHERN BLVD
 WEST PALM BEACH FL 33411-3509

00003567



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0672808**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PICCOLO, DAVID M PA
900 E. INDIANTOWN RD.
SUITE 316
JUPITER FL 33477

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

Signature, typed or printed name of registered agent and title if applicable

(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)

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

TITLE	SVD	<input type="checkbox"/> Delete
NAME	SHANAHAN, MARK	
STREET ADDRESS	1501 SE. DECKER AVE. #306	
CITY-ST-ZIP	STUART FL 33994	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	1501 SE. DECKER AVE. #306	
CITY-ST-ZIP	STUART FL 33994	
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"/> 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

	<input type="checkbox"/> Change	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/>
	<input type="checkbox"/> Change	<input type="checkbox"/>

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: *Mark Shanahan* **MARK SHANAHAN** **1/17/00** **(561) 677-2844**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #