

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072049

1. Entity Name
P. & L. DRAPERIES OF ORLANDO, INC.

Principal Place of Business

1226 MICHIGAN AVE
WINTER PARK FL 32789

Mailing Address

1226 MICHIGAN AVE
WINTER PARK FL 32789

2. Principal Place of Business

2324 N. ORANGE

3. Mailing Address

2324 N. ORANGE

Suite, Apt. #, etc.

BLOSSOM TRAIL

Suite, Apt. #, etc.

BLOSSOM TRAIL

City & State

ORLANDO, FL

City & State

ORLANDO FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number

59-3392806

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

STOSBERG, WILLIAM K
1226 MICHIGAN AVENUE
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

2324 N. ORANGE BLOSSOM TRAIL

City

ORLANDO

FL

Zip Code

32804

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS STOSBERG, WILLIAM K
CITY-ST-ZIP 1226 MICHIGAN AVENUE
WINTER PARK FL 32789

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2324 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William K. Stosberg W.K. Stosberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

Date

407/872-3032

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90097 025 ***150.00