

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000013906

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: TBS WINDOW TREATMENTS, INC.

Current Principal Place of Business:

8303 SUMMER GROVE ROAD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

8303 SUMMER GROVE ROAD
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3493311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TIMOTHY B
903 BROMHAM WAY
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, TIMOTHY B
Address: 8303 SUMMERGROVE RD
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: SMITH, ALINE MAURER
Address: 8303 SUMMERGROVE RD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALINE MAURER SMITH

VP

04/29/2002

Electronic Signature of Signing Officer or Director

Date