

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90083 032 ***150.00

0471829 AV

DOCUMENT # P98000013906

1. Entity Name

TBS WINDOW TREATMENTS, INC.



Principal Place of Business
**8303 SUMMER GROVE ROAD
TAMPA FL 33647**

Mailing Address
**8303 SUMMER GROVE ROAD
TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3493311**

Applied For

Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **SMITH, TIMOTHY B**
STREET ADDRESS **8303 SUMMERGROVE RD**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **VPD** ☐ Delete
NAME **SMITH, ALINE MAURER**
STREET ADDRESS **8303 SUMMERGROVE RD**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM SMITH - PRESIDENT

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
TBS WINDOW TREATMENTS, INC.
8303 SUMMER GROVE RD
TAMPA, FL 33647
(813) 910-4477/ FAX (813) 910-0575
E-MAIL: TSMITH02@TAMPABAY.RR.COM

90137068
998000013906

MEMO

5/19/03

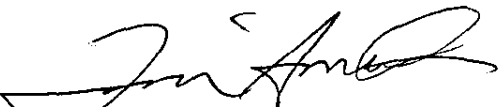
TO: DIVISION OF CORPORATIONS

RE: LATE FILING

DEAR SIR/ MADAAM,
PLEASE EXCUSE OUR LATE FILING. WE HAVE RECENTLY FINISHED CHANGING THE OFFICER STATUS OF ONE OF OUR SHAREHOLDERS AND ARE ALSO TRYING TO COMPLETE OUR STATE REGISTRATION FOR A MINORITY (WOMAN) OWNED BUSINESS – WBE.

OUR 2003 UBR DOCUMENT HAD BEEN WITH THE ABOVE RELATED DOCUMENTS THAT WERE READY TO BE FILED AND THEN SUBSEQUENTLY MISPLACED – UNTIL TODAY.

REGARDS,



TIM SMITH
PRESIDENT

TOTAL PAGES: 1