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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # P98000067812 **Secretary of State** AAA BLINDS OF LAKELAND, INC. 02-01-2001 90034 023 ***150.00 Principal Place of Business Mailing Address 115 ALLMANDA DRIVE 115 ALLMANDA DRIVE 708726 LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address aasa e Edguard Or. *335*2 E Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3526737 Not Applicable Country U.S. A Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRISON, DENNIS O 115 ALAMANDA DR LAKELAND FL 33803 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** TITLE ☐ Delete TITLE Change HARRISON, DENNIS O JR. NAME STREET ADDRESS STREET ADDRESS 115 ALLMANDA DRIVE CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33803 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

(863)682-2334

Daytime Phone #

R2E034 (10/00)