

FILED
Mar 24, 2000 8:00 am
Secretary of State

00043991



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000091388

1. Entity Name

SOUTH EAST BLINDS, INC.

Principal Place of Business

Mailing Address

2951 YUCCA CT
PALM HARBOR FL 34684

2951 YUCCA CT
PALM HARBOR FL 34684-3620

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3524 Landmark Place

Suite, Apt. #, etc.
3524 Landmark Pl

City & State
Palm Harbor FL

City & State
Palm Harbor FL

Zip
34684

Country
USA

Zip
34684

Country
USA

4. FEI Number

5. Certificate of Status Desired

59-3569124

☐ \$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, JOHN G
2951 YUCCA CT
PALM HARBOR FL 34684

Name
John G. Murray

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

3524 Landmark Place

City
Palm Harbor

FL

Zip Code
34684

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOHN G		NAME		
STREET ADDRESS	2951 YUCCA CT		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Mar 24, 2000 8:00 am

Secretary of State

03-24-2000 90125 010 ***150.00

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