

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097840

1. Entity Name

SHADY SHUTTERS AND BLINDS, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90099 046 \*\*\*158.75

Principal Place of Business 3522 SOUTH UNIVERSITY DRIVE DAVIE FL 33328 US	Mailing Address 3522 SOUTH UNIVERSITY DRIVE DAVIE FL 33429-1736 US
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PLEASE NOTE  
NEW ADDRESS  
THANKS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 199 NW 28th St #9 Suite, Apt. #, etc.	3. Mailing Address 199 NW 28th St Suite, Apt. #, etc.
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431	Country USA

4. FEI Number 59-3544224	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCCLUNG RALPH~~  
~~3522 SOUTH UNIVERSITY DRIVE~~  
~~DAVIE FL 33328~~

7. Name and Address of New Registered Agent

Name  
STEVEN K. POHLMAN

Street Address (P.O. Box Numbers Not Acceptable)  
199 NW 28th Street #9

City  
Boca Raton

FL | Zip Code  
33431

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 *SK Pohlman*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MCCLUNG RALPH</del> <del>3522 SOUTH UNIVERSITY DRIVE</del> <del>DAVIE FL 33328</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephen K. Pohlman	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen K. Pohlman 199 NW 28th St #9 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *SK Pohlman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00