2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000104376 Jan 14, 2000 8:00 am COASTAL BLINDS, INC. **Secretary of State** 01-14-2000 90014 021 ***150.00 Principal Place of Business Mailing Address 12254 DOLPHIN ROAD --12254 DOLPHIN ROAD BOKEELIA FL BOKEELIA FL 33922-2849 and the state of t 2. Principal Place of Business 3. Mailing Address 11701 CLEVELAND 11701 CLEVELAND DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #2 Applied For City & State City & State MYERS Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired 33907 S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CULLEN, TERESA** Street Address (P.O. Box Number is Not Acceptable) 12254 DOLPHIN ROAD BOKEELIA 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees d (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DΡ ☐ Change ☐ Addition ☐ Delete TITLE TITLE CULLEN, TERESA MAME NAME STREET ADDRESS 12254 DOLPHIN ROAD STREET ADDRESS CITY-ST-ZIP BOKEELIA FL 33922 CITY-ST-ZIP BURTOFT, FRANCES 2214 SW AND CRT ☐ Change ☐ Addition ☐ Delete TITLE BURTOFT, FRANCIS NAME NAME 12254 DOLPHIN ROAD STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33991 CITY-ST-ZIP **BOKEELIA FL** CITY-ST-ZIP BUATOFT, ERIC BAND CAT ☐ Change Addition DST ☐ Delete TITI F BURTOFT, ERIC NAME NAME 12254 DOLPHIN ROAD STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 **BOKEELIA FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON PIRECTOR

1/7/00

941-278-1818

Daytime Phone #

Z/Z/ 45:11/11