2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019282

1. Entity Name

Zip

TRENDLINE DRAPERY FABRICS, INC.

Principal Place of Business

4707 140TH AVENUE NORTH
SUITE 110
CLEARWATER FL 33762

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Mailing Address

4707 140TH AVENUE NORTH
SUITE 110
CLEARWATER FL 33762-3830

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

FILED Apr 20, 2000 8:00 am Secretary of State

04-20-2000 90005 049 ***150.00



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
	Name	Name						
CICCOTELLI, SARA MILES	Street Address (P.O. Box Number is Not Acceptable)							
4707 140TH AVENUE NORTH	ļ				-			
SUITE 110 CLEARWATER FL 33762		L						
CLEARWATER FL 33/62		City			FL Zip Code			
8. The above named entity submits this statement for the	the purpose of changing its re-	gistered office or r	egistered age	ent, or both, in the State of Flor	ida.			
	t. 11 1	1 -			111			
SIGNATURE Standard typed or printed name of registered agent an	illi. se	egistered Agent signatur) (netating)	7/	1/00.		
Signature, typed or printed name of registered agent an			·		DALE			
9. This corporation is eligible to satisfy its Intangible	FEE IS \$150.00 10. Election Campaign File			nancing \$5.00 May Be				
Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2000 Make Check Payable			Trust Fund Contribution	. 🗆	Added	to Fees	
11. / OFFICERS AND D	<u> </u>	12.		DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11	
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CITY-ST-ZIP		CITY-ST-ZIP						
I hereby certify that the information supplied with t indicated on this report or supplemental report is t	his filing does not qualify for thrue and accurate and that my	ne exemption state signature shall ha	ed in Section we the same I	19.07(3)(i), Florida Statutes. I egal effect as if made under o	further certi ath; that I ar	fy that the in	formation or director	

Country

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:

MUNTA CLEENTELLE SAM M. CYCCOTECC!

4-10-00 127-535-091

Daytime Phone #

CR2E034 (9/9