

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90018 025 ***558.75

DOCUMENT # **P99000034559**

1. Entity Name
MR. BLINDS, INC.

Principal Place of Business
**3712 N.W. 97TH BLVD.
 GAINESVILLE FL 32606**

Mailing Address
**3712 N.W. 97TH BLVD.
 GAINESVILLE FL 32606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

605 NW 53rd Ave.

605 NW 53rd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABB

ABB

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

Zip

Country

32605

USA

32605

USA

4. FEI Number

59-3150585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UZCATEGUI, EDGAR
 3712 N.W. 97TH BLVD.
 GAINESVILLE FL 32606**

Name **UZCATEGUI, EDGAR**

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

605 NW 53rd Ave.

ABB

City

Gainesville

FL

Zip Code

32605

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UZCATEGUI, EDGAR	NAME	Uzategui, Edgar
STREET ADDRESS	3712 N.W. 97TH BLVD.	STREET ADDRESS	605 NW 53rd Ave Suite ABB
CITY-ST-ZIP	GAINESVILLE FL 32606	CITY-ST-ZIP	Gainesville, FL 32605
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	
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	

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 (352) 367-9002
 Date Daytime Phone #

CR2E034 (5/00)