

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071271

1. Entity Name

VERTICAL BLINDS OF HOMOSASSA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90064 033 ***150.00

Principal Place of Business

Mailing Address

1502 WEST HOMOSASSA TRAIL
LECANTO FL 34461

1502 WEST HOMOSASSA TRAIL
LECANTO FL 34461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 0940188

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name John A. Nelson

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

2218 W. Highway 44

Inverness FL 34453

City Inverness

FL

Zip Code 34453

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

John A Nelson

5/1/00

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 PD ~~DIX~~
NAME RICHARD J
STREET ADDRESS 1502 WEST HOMOSASSA TRAIL
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME CASTLE, MICHAEL F
STREET ADDRESS 1502 WEST HOMOSASSA TRAIL
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

4-28-00

Date

352-628-2998

Daytime Phone #

CR2E034 (9/99)