

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 09, 2001 08:00 AM
Secretary of State

DOCUMENT # S00958

1. Entity Name
AMERICAN BLINDS FACTORY, INC.

Principal Place of Business
5758 FORESTER POND AVE
SARASOTA FL 34243 US

Mailing Address
5758 FORESTER POND AVE
SARASOTA FL 34243 US

2. Principal Place of Business
5442 BENEVA WOODS CIRCLE

3. Mailing Address
5442 BEVEVA WOODS CIRCLE

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34233 US

Zip Country
34233 US

4. FEI Number
65-0215396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STARR MICHAEL T
5758 FORESTER POND AVE
SARASOTA FL 34243 US

7. Name and Address of New Registered Agent

Name
STARR MICHAEL T

Street Address (P.O. Box Number is Not Acceptable)
1465 ROYAL FOREST PLACE

City
LAKELAND FL Zip Code
33811

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 MICHAEL T. STARR

09/09/2001

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, 2001 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 | PD | <input type="checkbox"/> Delete |
|----------------|------------------------|---------------------------------|
| NAME | STARR, MICHAEL | |
| STREET ADDRESS | 5758 FORESTER POND AVE | |
| CITY-ST-ZIP | SARASOTA FL 34243 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | PRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------------|-------------------------|--|
| NAME | STARR MICHAEL TPRES | |
| STREET ADDRESS | 1465 ROYAL FOREST PLACE | |
| CITY-ST-ZIP | LAKELAND FL 33811 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL T. STARR

PRES 09/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)