2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S55852

1. Entity Name

Zip

SIGNATURE!

JOE-LIN LAMPSHADES, INC.



Principal Place of Business 5778 S TAMIAMI TR SARASOTA FL 34231

2. Principal Place of Business

Mailing Address

3. Mailing Address

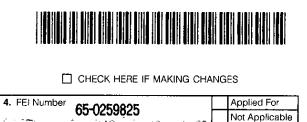
5778 S TAMIAMI TR SARASOTA FL 34231

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip



03-17-2003 90103 042 ***150.00



DATE

6. Name and Address of Current Registered Agent BOND, GARNET

Country

5778 S TAMIAMI TR SARASOTA FL 34231

10		
ne e		
et Address (P.O. Box Number is Not Acceptable)		
et Address (F.O. Box Number is Not Acceptable)		

7. Name and Address of New Registered Agent

Stree City Zip Code

5. Certificate of Status Desired

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.	I am familiar with, and accept
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

Country

Nam

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME **BOND GARNET** NAME STREET ADDRESS 5778 S TAMIAMI TRAIL STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP