

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90014 036 ***150.00

DOCUMENT # S86755

1. Entity Name
SUNSTATE DRAPERY SERVICES, INCORPORATED

Principal Place of Business
**3830 S NOVA RD
 SUITE C-4
 PORT ORANGE FL 32127
 US**

Mailing Address
**3830 S NOVA ROAD
 SUITE C-4
 PORT ORANGE FL 32127
 US**

646514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3088781		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

**LABIAK, ROBERT P.
 1327 WAYNE AVENUE
 NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

Name **ROBERT P. LABIAK**
 Street Address (P.O. Box Number is Not Acceptable)
2005 S. RIVERSIDE DR #15
 City **EDGEWATER** Zip Code **32141**

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 **ROBERT LABIAK** **PRESIDENT** **3/21/01**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when not stating) 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 \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P LABIAK, ROBERT P. 1327 WAYNE AVE. NEW SMYRNA BEACH FL 32168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABIAK, ELIZABETH M. 2126 S. RIVERSIDE DR. EDGEWATER FL 32141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LABIAK, PAMELA E. 233 E. 89TH ST., APT 2C NEW YORK NY 10128 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V LABIAK, DAVID C. 2916 INDIA PALM EDGEWATER FL 32141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, changed, or on an attachment with an address, with another I am empowered.

SIGNATURE: **ROBERT LABIAK** **3/20/01** **386 761 9499**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/00)