

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87573

1. Entity Name

STATE OF THE ART SHADE, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90385 029 \*\*\*150.00

Principal Place of Business

4120 MANGO BLVD  
ROYAL PALM BEACH FL 33411  
US

Mailing Address

4120 MANGO BLVD.  
ROYAL PALM BCH FL 33411-9173  
US

2. Principal Place of Business

621 6TH LN  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 33358  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS FL		4. FEI Number 65-0293168	Applied For Not Applicable
Zip 33418	Country PALM BEACH	Zip 33420-3358	Country PALM BEACH	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, MILTON H  
4120 MANGO BLVD  
RAOYAL PALM BEACH FL 33411

Name  
CLARE E BAKER  
Street Address (P.O. Box Number is Not Acceptable)  
621 6TH LN  
City  
PALM BEACH GARDENS FL Zip Code  
33418

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.

CONTROLLER

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 NAME STREET ADDRESS CITY - ST - ZIP	ST MORRIS, MILTON H. 4120 MANGO BOULEVARD ROYAL PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SIS A S. FRY RD KATY TX 77450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRIS, KANDY K. 4 20 MANGO BOULEVARD ROYAL PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEAL, WILLIAM F RT 3 BOX 145 E CRESCENT CITY FL 32112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4/24/00

Date

281-615-2000

Daytime Phone #

CR2E034 (9/99)