

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000003085

FILED  
Mar 25, 2003  
Secretary of State

Entity Name: KEY BLINDS, INC.

**Current Principal Place of Business:**

847 WEST ROSCOE, #3  
CHICAGO, IL 60657

**New Principal Place of Business:**

**Current Mailing Address:**

847 WEST ROSCOE, #3  
CHICAGO, IL 60657

**New Mailing Address:**

FEI Number: 82-0540937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BABB, CHRISTOPHER  
2835 S.E. 5TH PLACE  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BABB, CHRISTOPHER  
Address: 2385 S.E. 5TH PLACE  
City-St-Zip: HOMESTEAD, FL 33033

Title: CD ( ) Delete  
Name: DONOVAN, TODD C  
Address: 847 WEST ROSCOE, #3  
City-St-Zip: CHICAGO, IL 60657

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: WOLFERSBERGER, MATTHEW L  
Address: 2560 TIGERTAIL AVENUE #10  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW WOLFERSBERGER

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03/25/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date