FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002148

1. Entity Name

BLIND & O'BRIEN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1908 TIGERTAIL BLVD	1908 TIGERTAIL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA FL	City & State: DANIA FL
Zip: 33004 Country: USA	Zip: 33004 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0326726 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SCOTT G BLIND

Street Address (P.O. Box Number is Not Acceptable): 1908 TIGERTAIL BLVD

City: DANIA **FL** Zip Code: 33004

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 (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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD BLIND JAMES S. 1908 TIGERTAIL BLVD DANIA FL 33004
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TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SHIRLEY WIJESINHA FINANCIAL CONTROLLER 4/29/02 3056618853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)