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

DOCUMENT

P01000013976

1. Entity Name

BLIND PLUS, INC.



Principal Place of Business 1200 BELLE AVE STE #115 WINTER SPRINGS FL 32708 Mailing Address

1200 BELLE AVE STE #115 WINTER SPRINGS FL 32708

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 01-0725487 City & State City & State Country Zip Country Zip

Apr 14, 2003 8:00 am Secretary of State **FILED**

04-14-2003 90021 032 ***150.00



Applied For

\$8.75 Additional

Not Applicable

M CHECK HERE IF MAKING CHANGES

APPLIED FOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition NAME STREET ADDRESS CITY-ST-ZIP	ΖIP		Country	Zip Coun		Country	5. Certificate of Status Desired Fee Required					
Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current R	egistered Agent	_		7. 1	Name and Address of New R	egistered /	Agent		
1200 BELLE AVE STE #115				<u> </u>		-Name						
1200 BELLE AVE STE #115 WINTER SPRINGS FL 32708 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent and the 4 approximate the purpose of changing its registered affect or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent and the 4 approximate the purpose of changing its registered affect or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent and the 4 approximate the purpose of changing its registered affect or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent and the 4 approximate the purpose of changing its registered agent and the 4 approximate. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PERMANDEZ, TAMMY L STRET ADDRESS OTH'S 1-2P TITLE STRET ADDRESS OTH'S 1-2P TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete T	FERNANDEZ, TAMMY L						Street Address (P.O. Box Number is Not Acceptable)					
6. The above named antity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accopt the obligations of registered agent. SIGNATURE	1200 BELLE AVE STE #115						Click Colors (1.5. Box Hallbor to Hot Accoptance)					
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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.

SIGNATURE:

APRIL 8, 2003 (407) 699-4744