

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90038 026 ***150.00

DOCUMENT # P01000022818

1. Entity Name
A BLIND EXPRESSION, INC.

Principal Place of Business

12830 BEAUBIEN RD.
JACKSONVILLE FL 32258

Mailing Address

12830 BEAUBIEN RD.
JACKSONVILLE FL 32258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12830 Beaubien Rd
Suite, Apt. #, etc.

3. Mailing Address

12830 Beaubien Rd
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3701977

Applied For

Not Applicable

Zip

32258

Country

USA

Zip

32258

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R. ESQ.

8777 SAN JOSE BLVD., STE. 200

BLDG. A

JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

CRABTREE, R.R. ESQ

Street Address (P.O. Box Number is Not Acceptable)

8777 San Jose Blvd

Suite 200

City

JACKSONVILLE

FL

Zip Code

32217

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

William P. Yeomans

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/02

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, 2002 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

TITLE ☐ Delete

NAME **D YEOMANS, WILLIAM P**
STREET ADDRESS **12830 BEAUBIEN RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Delete

NAME **D YEOMANS, STACEY J**
STREET ADDRESS **12830 BEAUBIEN RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Yeomans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/02

Daytime Phone #

904-534-4577

CR2E034 (9/01)