

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049630

1. Entity Name

BUDGET BLINDS OF LAKE COUNTY, INC.

Principal Place of Business

615 WEST SMITH ST
ORLANDO FL 32804

Mailing Address

615 WEST SMITH ST
ORLANDO FL 32804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-22-2002 90298 026 ***150.00

37504



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3456004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORRESTER, CHRISTINE G
615 WEST SMITH ST
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	CHRISTINE FORRESTER	615 W SMITH ST	ORLANDO, FL 32804	<input type="checkbox"/>
VICE PRESIDENT	DANIEL FORRESTER	615 W SMITH ST	ORLANDO FL 32804	<input type="checkbox"/>
SECRETARY	JAMES FORRESTER SR	3413 CORONA WAY	NAPLES FL 33942	<input type="checkbox"/>
TREASURER	SHARLINE MARSHALL	5909 MUMFANGHOLA DR	CIN. OHIO 45102	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employment.

SIGNATURE:

Christine Forrester
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/2/02

321-287-4265

Date

Daytime Phone #

CR2E034 (9/01)