2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003
Secretary of State

DOCUMENT# P01000049630

Entity Name: BUDGET BLINDS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

615 WEST SMITH ST
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

615 WEST SMITH ST
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3656004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORRESTER, CHRISTINE G
615 WEST SMITH ST
ORLANDO, FL 32804

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:	FORRESTER, CHRISTINE	
Address:	615 W SMITH STREET	
City-St-Zip:	ORLANDO, FL 32804	
Title:	VP	( ) Delete
Name:	FORRESTER, DANIEL	
Address:	615 W SMITH STREET	
City-St-Zip:	ORLANDO, FL 32804	
Title:	S	( ) Delete
Name:	FORRESTER, JAMES SR.	
Address:	3423 CORUMA WAY	
City-St-Zip:	NAPLES, FL 33942	
Title:	T	( ) Delete
Name:	MARSHALL, SHARLINE	
Address:	5909 MONUNGAHELA DR	
City-St-Zip:	CINCINNATI, OH 45102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	MARSHALL, SHARLINE	
Address:	3838 E. KEMPER RD	
City-St-Zip:	CINCINNATI, OH 45241	

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: CHRISTINE FORRESTER P 04/25/2003

Electronic Signature of Signing Officer or Director — Date