

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90081 018 ***150.00

DOCUMENT # P27429

1. Entity Name

ECLIPSE BLIND SYSTEMS, INC.

Principal Place of Business

Mailing Address

10125 NW 116TH WAY STE 1
 MEDLEY FL 33178

7154 STATE ROUTE 88
 P.O. BOX 848
 RAVENNA OH 44266-0848
 US

2. Principal Place of Business

5854 Miami Lakes Dr. E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

Country

Zip

Country

33014

4. FEI Number

65-0172265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JAMES W
 10125 NW 116TH WAY
 STE 1
 MEDLEY FL 33178

Name

James W. Watson

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

5854 Miami Lakes Dr. E.

City Miami

FL

Zip Code

33014

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

James W. Watson, President

[Signature] 5/01/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PD
 STREET ADDRESS WATSON, JAMES
 CITY-ST-ZIP 7154 STATE ROUTE 88
 RAVENNA OH 44266

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME AT
 STREET ADDRESS MACDONALD, WILLIAM
 CITY-ST-ZIP INCHINN BUS PARK
 SCOTLAND

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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:

James W. Watson, President

Date

Daytime Phone #