

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90270 023 ***150.00

DOCUMENT # P94000003821

1. Entity Name

LOLO'S BLIND FACTORY, INC.

Principal Place of Business

~~1919 SOUTHWOOD ST~~
~~SARASOTA FL 34231~~
~~US~~

4540 CLARK RD
SARASOTA FL
34233

Mailing Address

~~1919 SOUTHWOOD ST~~
~~SARASOTA FL 34231~~
~~US~~

4540 CLARK RD
SARASOTA, FL
34233

2. Principal Place of Business

4540 CLARK RD

3. Mailing Address

4540 CLARK RD

Suite, Apt. #, etc.

SARASOTA FL

Suite, Apt. #, etc.

SARASOTA FL

City & State

City & State

Zip

34233

Country

USA

Zip

34233

Country

USA

6. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR.
ATTORNEY & COUNSELOR AT LAW
1800 2ND STREET, SUITE 755
SARASOTA FL 34236

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 **PT** ☐ Delete
NAME **FALCONETTI, DOMENICK**
STREET ADDRESS **6796 ERICA LANE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **P** ☐ Delete
NAME **ANGELL, GARY D**
STREET ADDRESS **7050 BRIGHT CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **M** ☐ Delete
NAME **BAKER, BRIAN**
STREET ADDRESS **1518 STOCKER AVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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

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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

Domenick Falconetti **Domenick Falconetti**

4/4/02 941 925-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)