

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000066931

FILED
Jan 30, 2003
Secretary of State

Entity Name: THE BLIND FACTORY OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

5277 S FLORIDA AVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

5277 S FLORIDA AVE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3333392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, BRAD A
7702 BRIAN LOOP
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

HALL, BRAD A
5115 NORTH SOCRUM LOOP
166
LAKELAND, FL 33809 US

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:

01/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALL, BRAD
Address: 7702 BRIAN LOOP
City-St-Zip: LAKELAND, FL 33809

Title: V (X) Delete
Name: HALL, BETTY
Address: 7702 BRIAN LOOP
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD A HALL

P

01/30/2003

Electronic Signature of Signing Officer or Director

Date