

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90084 014 ***158.75

B0091371

DO NOT WRITE IN THIS SPACE

DOCUMENT # 0960000018238

1. Entity Name

A Blind Co. of S.W. Fl. Inc

Principal Place of Business

Mailing Address

1436 SE 16th Pl

CAPE CORAL, FL 33990

2. Principal Place of Business

1436 SE 16th Pl

Suite, Apt. #, etc.

3. Mailing Address

1436 SE 16th Pl

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33990

Country

LEE

City & State

CAPE CORAL, FL

Zip

33990

Country

LEE

4. FEI Number

65-0656590

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Emily K. Allin

130 S.E 10th TERR,

CAPE CORAL, FL 33990

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

Emily K. Allin Pres.

Emily K. Allin

4/28/00

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

TITLE	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Emily K. Allin</u>	
STREET ADDRESS	<u>130 SE 10th TERR,</u>	
CITY-ST-ZIP	<u>CAPE CORAL, FL 33990</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> Delete
NAME	<u>SAME AS ABOVE</u>	
STREET ADDRESS	<u>SAME AS ABOVE</u>	
CITY-ST-ZIP	<u>SAME AS ABOVE</u>	
TITLE	<u>Sec/TREASURER</u>	<input type="checkbox"/> Delete
NAME	<u>SAME AS ABOVE</u>	
STREET ADDRESS	<u>SAME AS ABOVE</u>	
CITY-ST-ZIP	<u>SAME AS ABOVE</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Emily K. Allin Pres. / Emily K. Allin

4/28/00

941-541-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)