

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018238

1. Entity Name

A BLIND COMPANY OF SOUTHWEST FLORIDA, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90240 031 ***158.75

Principal Place of Business

1436 SWE 16TH PL
 CAPE CORAL FL 33990
 US

Mailing Address

1436 SWE 16TH PL
 CAPE CORAL FL 33990
 US

C0065720



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1436 SE 16TH PL

Suite, Apt. #, etc.

C
 City & State
 CAPE CORAL, FL

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0656590

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLIN, EMILY K
 130 SE 10TH TERR
 CAPE CORAL FL 33990

Name Emily K. STALTER

Street Address (P.O. Box Number is Not Acceptable)
 137 SE 25TH LN

City CAPE CORAL

FL

Zip Code 33904

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. Stalter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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 PVST ☐ Delete
 NAME ALLIN, EMILY
 STREET ADDRESS 130 SE 10TH TERR
 CITY-ST-ZIP CAPE CORAL FL 33990

TITLE PVST ☒ Change ☐ Addition
 NAME EMILY K. STALTER
 STREET ADDRESS 137 SE 25TH LN
 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: Emily K. Stalter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

941-574-9400

Daytime Phone #

CR2E034 (10/00)