2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90111 014 ***150.00

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DOCUMENT # P96000046225

1. Entity Name
A COUPLE OF BLIND GUYS, INC.

Principal Place of Business	Mailing Address
10931 K NINE DR 2 BONITA SPRINGS FL 34135 US	10931 K NINE DR 3 BONITA SPRINGS FL 34135 US

2. Principal Place of Business	3. Mailing Address
10931 K-Nine Dr	
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State Bonita Springs, Fl	City & State
Zip 34135 Country US	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0684049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHREVILLE, JOHN D
4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLE FL 33940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PS NAME ANDREWS, FERRELL B STREET ADDRESS 27526 BIG BEND ROAD CITY-ST-ZIP BONITA SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS 4996 Royal Palm Dr CITY-ST-ZIP Estero, Fl 33928 ☒ Change ☐ Addition
TITLE VPT NAME TRAPANI, JOHN M STREET ADDRESS 1155 ROSEMARY CT B-205 CITY-ST-ZIP NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS 831 1st Street SW CITY-ST-ZIP Naples, Fl 34117 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Trapani SIGNATURE REQUIRED John Trapani VP 4/11/03 239-498-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #