2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074625

1. Entity Name

BLINDFAITH, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90047 024 ***150.00

Principal Place of Business	Mailing Address
481 S.W. WHITMORE DRIVE PORT ST. LUCIE FL 34984	481 S.W. WHITMORE DRIVE PORT ST. LUCIE FL 34984-3566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0703125 — Applied For / Not Applicable

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
MEALY, GARY 481 S.W. WHITMORE DRIVE PORT ST. LUCIE FL 34984	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 _____ DATE

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEALY, GARY	NAME	
STREET ADDRESS	481 S.W. WHITMORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEMARCO, JOSEPH L	NAME	
STREET ADDRESS	926 SE CARAVAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEALY, DONNA M	NAME	
STREET ADDRESS	481 SW WHITMORE DR	STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEMARCO, DANA	NAME	
STREET ADDRESS	926 SE CARAVAN AVE	STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Gary J. Mealy GARY J. MEALY 4-14-00 561-878-6131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #