

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062107

1. Entity Name

COLORBLIND, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 030 ***150.00

Principal Place of Business

Mailing Address

6304 BAYHILL LA.
LONGWOOD FL 32779

6304 BAYHILL LA.
LONGWOOD FL 32779-6225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

VAL CERASOLI, M.A.
6304 BAYHILL LA.
LONGWOOD FL 32779

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
VAL CERASOLI, M.A.
6304 BAYHILL LA.
LONGWOOD FL 32779 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SANDERS, STEVE E
673 ASHFORD OAKS DR., #204
ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, RUFUS E
10169 BLAZED-TREE CT.
ORLANDO FL 32821 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHARLES EDWARDS
2132 PALM VISTA DR
APOPKA, FL 32712 ☒ Change ☐ Addition (D)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRKMAN, TIVARRIS R
7511 GROVE OAK DR.
ORLANDO FL 32810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RODNEY MOORE
1807 PEAKVIEW CT.
ORLANDO, FL 32818 ☒ Change ☐ Addition (D)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACKSON, ROBERT
707 ASHFORD OAKS DR.
ORLANDO FL 32714 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICTOR M VALENTIN
200 AGNES CT. #19
ORLANDO, FL 32801 ☒ Change ☐ Addition (D)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)