

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90106 029 ***150.00

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DOCUMENT # P99000083209

1. Entity Name
L. LINDSEY BLIND, CORP.

Principal Place of Business
~~12062 N. TAMiami TRAIL~~ **CHG TO 13500 STE 3**
~~NAPLES FL 34110~~

Mailing Address
~~12062 N. TAMiami TRAIL~~ **CHG TO 13500 STE 3**
~~NAPLES FL 34110~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13500 Tamiami Trail
 Suite, Apt. #, etc.
Suite 3
 City & State
Naples, FL
 Zip
34110 Country
US

3. Mailing Address
13500 Tamiami Trail
 Suite, Apt. #, etc.
Suite 3
 City & State
Naples, FL
 Zip
34110 Country
US

4. FEI Number **59-3615034** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, GARY K ESQ.
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108-2709

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D. PRESIDENT + TREASURER <input type="checkbox"/> Delete LINDSEY, LARRY 1930 WILLOW BEND CIRCLE, #202 NAPLES FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH M. LINDSEY <input type="checkbox"/> Delete 1930 WILLOW BEND CIRCLE #202 NAPLES, FL 34109 VP & SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIN NOCERA ASST. SEC. <input type="checkbox"/> Delete 13500 N. TAMiami TR STE 3 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02 941-594-5074
 Date Daytime Phone #

CR2E034 (9/01)