

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90433 020 ***150.00

DOCUMENT # P99000083209

1. Entity Name
L. LINDSEY BLIND, CORP.



Principal Place of Business
**13500 TAMiami TRAIL
SUITE 3
NAPLES FL 34110**

Mailing Address
**13500 TAMiami TRAIL
SUITE 3
NAPLES FL 34110**

2. Principal Place of Business
NO CHANGE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State 4. FEI Number **59-3615034** 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
**WILSON, GARY K ESQ.
5801 PELICAN BAY BLVD., STE. 300
NAPLES FL 34108-2709**

7. Name and Address of New Registered Agent
Name **NO CHANGE**
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 _____ (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	PT	<input type="checkbox"/> Delete	TITLE	NEW ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, LARRY		NAME	2309 NIAGARA LN	
STREET ADDRESS	1930 WILLOW BEND CIRCLE, #202		STREET ADDRESS	NAPLES FL 34110	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	CORRECT TO LINDSEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, JUDITH M		NAME	2309 NIAGARA LN	
STREET ADDRESS	1930 WILLOW BEND CR #202		STREET ADDRESS	NAPLES, FL 34110	
CITY-ST-ZIP	NAPLES FL 34109		CITY-ST-ZIP		
TITLE	AST	<input type="checkbox"/> Delete	TITLE	AST SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCERA, ERIN		NAME	ERIN NOCERA	
STREET ADDRESS	13500 N TAMiami RE STE 3		STREET ADDRESS	16015 ARBOR MANOR VIEW BLVD #	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Judith M. Lindsey* **1-31-03 239-594-5074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)