

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75137

1. Entity Name

BLIND SQUIRREL, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90052 041 ***150.00

Principal Place of Business

43 SW OSCEOLA ST
STUART FL 34994-9193
US

Mailing Address

43 SW OSCEOLA ST
STUART FL 34994-9193
US

2. Principal Place of Business

3535 NE Skyline Drive

3. Mailing Address

P.O. Box 378

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

Martin

Zip

34958

Country

Martin

6. Name and Address of Current Registered Agent

FLAGG, ROBERT H
43 WEST OSCEOLA STREET
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3535 NE Skyline Drive

City

Jensen Beach

FL

Zip Code

34994

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

Robert H Flagg

Robert H Flagg, President, Blind Squirrel Inc

4/19/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS FLAGG, RICHARD C.
CITY-ST-ZIP 3535 SKYLINE DRIVE
JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME PTD
STREET ADDRESS FLAGG, ROBERT H.
CITY-ST-ZIP 3535 SKYLINE DRIVE
JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME VDS
STREET ADDRESS FLAGG, RUTH B
CITY-ST-ZIP 740 NE STOKES TERR
JENSEN BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Robert H Flagg Robert H Flagg, President

4/19/01

(561) 334-4679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)