

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-25-2001 90052 041 \*\*\*150.00

**DOCUMENT # H75137**

1. Entity Name  
**BLIND SQUIRREL, INC.**

Principal Place of Business

Mailing Address

43 SW OSCEOLA ST  
 STUART FL 34994-9193  
 US

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.



DO NOT WRITE IN THIS SPACE

City & State

**Jensen Beach, FL**

City & State

**Jensen Beach, FL**

4. FEI Number

**59-2580869**

Applied For

Not Applicable

Zip

**34957**

Country

**Martin**

Zip

**34958**

Country

**Martin**

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

**FLAGG, ROBERT H**  
**43 WEST OSCEOLA STREET**  
**STUART FL 34994**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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**

**3/19/01**

**(561) 334-4679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)