2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H75137

FILED Feb 09, 2002 8:00 AM Secretary of State

Entity Name: BLIND SQUIRREL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3535 SKYLINE DRIVE JENSEN BEACH, FL 34957 US **Current Mailing Address: New Mailing Address:** PO BOX 378 JENSEN BEACH, FL 34958 US FEI Number: 59-2580869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLAGG, ROBERT H 3535 SKYLINE DRIVE JENSEN BEACH, FL 34994 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FLAGG, RICHARD C., FLAGG, RICHARD C Name: 3535 SKYLINE DRIVÉ 3535 SKYLINE DRIVE Address:

JENSEN BCH, FL

City-St-Zip:

Name: Address: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: PTD () Delete Title: (X) Change () Addition FLAGG, ROBERT H., Name: Name: FLAGG, ROBERT H 3535 SKYLINE DRIVE 3535 SKYLINE DRIVE Address: Address: JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 City-St-Zip: City-St-Zip: () Delete Title: Title: VDS () Change () Addition FLAGG, RUTH B Name: Name: 740 NE STOKES TERR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT H FLAGG PTD 02/09/2002