

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90031 041 \*\*\*\*50.00

**DOCUMENT # L02000008763**

1. Entity Name  
**CAT & MOUSE INVESTMENTS, LLC**



Principal Place of Business  
**214 INVERNESS WAY  
WINTER HAVEN FL 33881**

Mailing Address  
**214 INVERNESS WAY  
WINTER HAVEN FL 33881**

2. Principal Place of Business

**223 East Lake Ave**

3. Mailing Address

**12 Box 485**

Suite, Apt. #, etc.

**Suite B**

Suite, Apt. #, etc.

City & State

**Auburndale FL**

City & State

**Auburndale FL**

Zip

**33823**

Country

**USA**

Zip

**33823-0485**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**75-3047099**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, BARRY W  
60 SECOND STREET, S.E.  
WINTER HAVEN FL 33880**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature needed when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, MICHAEL B</b>	
STREET ADDRESS	<b>214 INVERNESS WAY</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KINDRED, CHARLES H</b>	
STREET ADDRESS	<b>143 HARBOR WAY</b>	
CITY-ST-ZIP	<b>AUBURNDAL FL 33823</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Michael B. Murphy**

Date

**2/26/03**

Daytime Phone #

**863 965-1847**

CR2E083 (10/02)