

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90123 043 \*\*\*150.00

**DOCUMENT # P00000070398**

1. Entity Name  
**THREE BLIND MICE, INC.**

Principal Place of Business  
**21202 WARDELL AVENUE  
 PORT CHARLOTTE FL 33952**

Mailing Address  
**21202 WARDELL AVENUE  
 PORT CHARLOTTE FL 33952**

UUUUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**459 RIDGECREST DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**459 RIDGECREST DR.**  
 Suite, Apt. #, etc.

City & State  
**PUNTA GORDA, FL**  
 Zip **33982** Country

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**PUNTA GORDA, FL**  
 Zip **33982** Country

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, ELIZABETH A  
 21202 WARDELL AVENUE  
 PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **- RICK RHODES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**459 RIDGECREST DRIVE**  
 City **PUNTA GORDA** FL Zip Code **33982**

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 **RICK RHODES**

**4-30-01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	CALLAHAN, ELIZABETH A	
STREET ADDRESS	21202 WARDELL AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, JUDITH E	
STREET ADDRESS	521 BOBCAT COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODES, RICK L	
STREET ADDRESS	459 RIDGECREST DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

Daytime Phone #

CR2E034 (10/00)