

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90118 009 ***158.75

DOCUMENT # P00000070398

1. Entity Name
THREE BLIND MICE, INC.



Principal Place of Business
459 RIGECREST DR.
PUNTA GORDA FL 33982

Mailing Address
459 RIGECREST DR.
PUNTA GORDA FL 33982

2. Principal Place of Business

459 RIDGECREST DR

3. Mailing Address

459 RIDGECREST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

same

same

City & State

City & State

same

same

Zip

Country

Zip

Country

same

USA

same

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHODES, RICK
459 RIDCREST DR.
PUNTA GORDA FL 33982

Name

same

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

459 RIDGECREST DRIVE

same

City

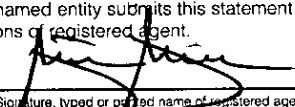
same

FL

Zip Code

same

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 required when reinstating)

DATE **1/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CALLAHAN, ELIZABETH A**
STREET ADDRESS **21202 WARDELL AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

TITLE **D** ☐ Delete
NAME **DENNIS, JUDITH E**
STREET ADDRESS **521 BOBCAT COURT**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **same** ☒ Change ☐ Addition
NAME **HAMILTON, JUDITH E**
STREET ADDRESS **same**
CITY-ST-ZIP **HAMILTON, JUDITH E.**

TITLE **D** ☐ Delete
NAME **RHODES, RICK L**
STREET ADDRESS **459 RIDGECREST DRIVE**
CITY-ST-ZIP **PUNTA GORDA FL 33982**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 **941-575-8331**

Date

Daytime Phone #

CR2E034 (10/02)