

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90908 014 ***150.00

MACNAB AV

DOCUMENT # P93000046262

1. Entity Name
THE SILENT MOUSE INC.



Principal Place of Business

**428 NORTHWOOD RD
#182
WEST PALM BEACH FL 33407**

Mailing Address

**802 NORTH "O" STREET
LAKE WORTH FL 33460**

2. Principal Place of Business

802 NORTH "O" STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State

4. FEI Number **65-0417676**

Applied For
Not Applicable

Zip
33460

Country
PALM BEACH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUERIN, GILBERT
319 BELVEDERE RD., S-12
W PALM BCH. FL 33405**

7. Name and Address of New Registered Agent

Name **GUERIN GILBERT**

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

802 N "O" STREET

City **LAKE WORTH**

FL

Zip Code **33460**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GUERIN, GILBERT**
STREET ADDRESS **319 BELVEDERE RD S-12**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **V** ☐ Delete
NAME **SMITH, FRED L**
STREET ADDRESS **319 BELVEDERE RD S-12**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GUERIN, GILBERT**
STREET ADDRESS **802 N "O" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **V** ☒ Change ☐ Addition
NAME **SMITH, FRED L**
STREET ADDRESS **802 N "O" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

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

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NAME
STREET ADDRESS
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] **GILBERT GUERIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 (561) 310 07 23
Date Daytime Phone #

CR2E034 (10/02)