

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069228

1. Entity Name
THE MOUSE PAD, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90038 042 ***150.00

Principal Place of Business

8225 B THAMES BOULEVARD
BOCA RATON FL 33433
US

Mailing Address

8225 B THAMES BOULEVARD
BOCA RATON FL 33433
US

2. Principal Place of Business

A 237 Northwest 7 Place

3. Mailing Address

4237 Northwest 7 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Bch FL

City & State

Deerfield Bch FL

Zip

33442

Country

USA

Zip

FL

Country

33442

4. FEI Number

65-0774568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, CHRISTOPHER
8225 B THAMES BOULEVARD
BOCA RATON FL 33433

Name

Holloway, Christopher

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

4237 Northwest 7 Place

City

Deerfield Bch

FL

Zip Code

33442

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
HOLLOWAY, CHRISTOPHER
8225 B THAMES BOULEVARD
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Holloway, Christopher
4237 Northwest 7 Place
Deerfield Beach, FL 33442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

954-4272555

Daytime Phone #

CR2E034 (10/00)