

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90013 030 \*\*\*150.00

**DOCUMENT # P990000008068**

1. Entity Name

**THE MOUSE HOUSE INC., OF SOUTH FLORIDA**

Principal Place of Business

**604 BRADFORD COURT  
 BOYNTON BEACH FL 33462**

Mailing Address

**604 BRADFORD COURT  
 BOYNTON BEACH FL 33436-9011**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0890861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LINDO, DEBBIE  
 604 BRADFORD COURT  
 BOYNTON BEACH FL 33462**

7. Name and Address of New Registered Agent

Name **LINDO, Debbie**

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

**1208 North University Drive**

City **Plantation**

FL

Zip Code **33322**

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

*Debbie Lindo*

*President Debbie Lindo*

*05/24/00*

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, 2000 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

TITLE **PRESIDENT** ☐ Delete  
 NAME **Debbie LINDO**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Vice President** ☐ 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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **Debbie Lindo**  
 STREET ADDRESS **1208 N. University Dr.**  
 CITY-ST-ZIP **Plantation, FL 33322**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Captain Dick Stevenson**  
 STREET ADDRESS **1208 N. University Dr.**  
 CITY-ST-ZIP **Plantation FL 33322**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

*Debbie Lindo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03-27-00*

Date

*9544230046*

Daytime Phone #

*Debbie Lindo*

*05/24/00*

CR2034 (9/99)