

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91783 006 ***150.00

DOCUMENT # F96000005466

1. Entity Name
MUTTS & MITTENS, INC.

Principal Place of Business
820 SECOND ST NORTH
SAFETY HARBOR FL 34695

Mailing Address
820 SECOND ST NORTH
SAFETY HARBOR FL 34695

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Pinellas

Zip

Country

4. FEI Number **52-1841370**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEDLACEK, PAMELA
110 CRESTWOOD DR
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

N/A

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

City

FL

Zip Code

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SEDLACEK, PAMELA	
STREET ADDRESS	110 CRESTWOOD DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEDLACEK, RICHARD	
STREET ADDRESS	110 CRESTWOOD DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEDLACEK, CHRISTOPHER E	
STREET ADDRESS	110 CRESTWOOD DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *X Signature of Pamela Sedlacek*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/20/02 *727-669-9266*
 Date Daytime Phone #

CR2E034 (9/01)