

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113876

1. Entity Name
MASTECTOMY BOUTIQUE, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 019 ***150.00

0100571 AV

Principal Place of Business
3486 DELTONA BLVD
SPRING HILL FL 34606

Mailing Address
3486 DELTONA BLVD
SPRING HILL FL 34606

479332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3688115

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

MISTRETTA, DEBORAH
9320 SESAME CT
SPRING HILL FL 34608

Name

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
DP
MISTRETTA, DEBORAH
9320 SESAME CT
SPRING HILL FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

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: *Deborah M. Mistretta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01 8683-9991
Date Daytime Phone #

CR2E034 (5/01)

7215 Hiawatha Parkway
Spring Hill, FL 34606



JOSEPH & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS, INC.

352-683-7365
fax: 352-683-1241

Attachment
01/20/0000118876
979332

September 11, 2001

RE: Mastectomy Boutique, Inc.

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the 2001 Uniform Business Report for Mastectomy Boutique, Inc. along with a check made payable to Department of State for \$150.00. Mastectomy Boutique, Inc. began business operations January 1, 2001.

Our client, Deborah Mistretta, who is an officer for the corporation, never received the first Uniform Business Report. Please adjust your records accordingly.

Respectfully,

Monica L. Haberlin

cc: Deborah Mistretta

A Balanced Team Approach

Raymond P. Virgilio
Partner
Spring Hill
352-683-7365

Jacquelyn R. Campbell
Partner
Spring Hill
352-683-7365

John J. Ceparano
Partner
Citrus Springs
352-465-4600

Alvah L. Cox, Jr.
Partner
Citrus Hills
352-746-1400

Michael J. Tringali
Partner
Crystal River
352-795-0044