

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102210

1. Entity Name
THE MAD HADDER TATTOO CO., INC.



FILED
03 OCT 13 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4640 ABDELLA LANE
HOLIDAY FL 34690

Mailing Address
4640 ABDELLA LANE
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

BURZUMATO, MICHAEL
4640 ABDELLA LANE
HOLIDAY FL 34690

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$580.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS BURZUMATO, MICHAEL A
CITY-ST-ZIP 4640 ABDELLA LANE
HOLIDAY FL 34690 ☐ Delete

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

TITLE
NAME VSD
STREET ADDRESS BURZUMATO, STEPHANIE
CITY-ST-ZIP 4640 ABDELLA LANE
HOLIDAY FL 34690 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP0304 (4/03)

0142495 AT

8/15/03

To Whome It May Concern:

Recently I received this statement in the mail and saw that the amount due is \$500+. I questioned this bill because I saw on it that originally I should have only had to pay \$150. However, I never received a first bill therefore I couldn't pay on time, so I called the 800 # on the statement & the lady I spoke to suggested that I write a letter explaining my situation & a check for \$150 and I should be ok & if there was any problems I would be notified.

Thank you,

S. Burzumato
Stephanie Burzumato