

**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000013541

*R91013*

0095159

1. Entity Name  
**MARY'S HEALTH HUT, INC.**

Principal Place of Business Mailing Address  
951 OLD DIXIE HWY, STE A3 951 OLD DIXIE HWY, STE A3  
VERO BEACH FL 32960 VERO BEACH FL 32960

**FILED**  
01 AUG 27 AM 9 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
\*2/3/01 900 76 047-150  
4. FEI Number 65-0825070

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

6. Name and Address of Current Registered Agent  
~~PAQUETTE, JOAN M CPA  
2770 IR BLVD UNIVEST BLDG  
SUITE 301  
VERO BEACH FL 32960~~

7. Name and Address of New Registered Agent  
Name *Mary E. McMillan*  
Street Address (P.O. Box Number is Not Acceptable) *951 Old Dixie Hwy, Ste A3*  
City *Vero Beach* FL Zip Code *32960*

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 *Mary E McMillan* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MCMILLAN, MARY E</b> <b>951 OLD DIXIE HWY, STE A3</b> <b>VERO BEACH FL 32960</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary E McMillan* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR29534 (10/00)

Attachment Doc# P98000013541

**Dixie L. Powell, C.P.A., P.A.**

1443 20th St., Suite E  
Vero Beach, FL 32960

Phone: (561) 778-8006  
Fax: (561) 778-0604  
e-mail: dixiecpa@prodigy.net

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August 10, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Mary's Health Hut, Inc.  
Reference #: P98000013541

Dear State of Florida Representative:

I am requesting your assistance in clearing up some misunderstandings and requesting a waiver of the \$ 400.00 penalty relating to the Year 2001 Uniform Business Report.

The above reference taxpayer timely filed the Uniform Business Report and forwarded a check in the amount of \$ 150.00 approximately January 15, 2001. We have enclosed a copy of the front and back of check # 1904 payable to the Dept. of State for your reference. She crossed through the information in Box 6 for registered agent but did not complete the information in Box 7.

Apparently the 2001 Uniform Business Report(UBR) was sent back requesting information to be completed in Box 7. She inserted my name and address not knowing that I do not act as registered agents for clients, and mailed it back to the Florida Department of State, not realizing a signature was necessary in Box 8.

Approximately July 19, 2001 the taxpayer received another notice asking for \$ 550.00 stating the 2001 UBR was considered not timely filed. She immediately wrote a check for \$ 550.00 and mailed it to the Department of State along with another 2001 UBR signed at the bottom but with no signature in Box 8. After this was mailed she remembered sending the check for \$ 150.00 in January, 2001 and went to the bank and put a stop payment on check #1909 for the \$ 550.00.

Enclosed please find an updated 2001 UBR with Box 7 completed, Box 8 with a signature and Box 13 with a signature. The original UBR was filed approximately January 15, 2001. The \$ 150.00 payment was timely made January 15, 2001.

*"Plans fail for lack of counsel, but with many advisers they succeed."*

Member AICPA

Member FICPA

Attachment Doc # R38000013541

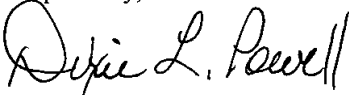
pg 30B

The taxpayer now realizes that she is to call my office if there are any questions concerning the filing of the Uniform Business Report.

Thank you in advance for adjusting the records.

If you have any questions at all, please contact my office directly.

Respectfully,



Dixie L. Powell

cc: Mary's Health Hut, Inc.

P.S. - Please process the enclosed DR-835,  
Power of Attorney