

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32825

1. Entity Name

CONNIE'S MASTECTOMY BOUTIQUE, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90189 033 \*\*\*150.00

Principal Place of Business

Mailing Address

547 W FT ISLAND TRL STE A  
C/O PLANTATION POINTE  
CRYSTAL RIVER FL 34429  
US

547 W FT ISLAND TRL STE A  
C/O PLANTATION POINTE  
CRYSTAL RIVER FL 34429-8134  
US

936700

2. Principal Place of Business

3. Mailing Address

547 W FT ISLAND TRAIL  
C/O PLANTATION POINTE  
SUITE H  
City & State  
CRYSTAL RIVER, FL

547 W FT ISLAND TRAIL  
C/O PLANTATION POINTE  
SUITE H  
City & State  
CRYSTAL RIVER, FL



DO NOT WRITE IN THIS SPACE

Zip  
34429

Country  
USA

Zip  
34429

Country  
USA

4. FEI Number 59-3048793

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

CRIDER, CONSTANCE B.  
% PLANTATION POINTE  
547 W FT ISLAND TRAIL, STE A  
CRYSTAL RIVER FL 34429

Name

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

C/O PLANTATION POINTE  
547 W FT. ISLAND TRAIL, SUITE H

City

CRYSTAL RIVER

FL

Zip Code  
34429

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

*Constance B. Crider*

4-10-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
CRIDER, CHERI L  
547 W FT ISLAND TR A  
CRYSTAL RIVER FL 30338 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
547 W FT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CRIDER, CONSTANCE B  
547 W FT ISLAND TR A  
CRYSTAL RIVER FL 30338 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
547 W FT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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

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:

CONSTANCE B. CRIDER

*Constance B. Crider*

352-795-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20EN34 (9/99)