

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87147

1. Entity Name
GREAT AMERICAN QUILT COMPANY, INC.

Principal Place of Business
1800 W HIBISCUS BLVD
SUITE 108
MELBOURNE FL 32901
US

Mailing Address
6126 ARLINGTON CIRCLE
MELBOURNE FL 32940

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 59-2947499

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

ALENCI, BARBARA L.
860 SPANISH WELLS DR
MELBOURNE FL 32940

Name ALENCI, BARBARA L.
Street Address (P.O. Box Number is Not Acceptable)
6126 ARLINGTON CR
City MELBOURNE FL Zip Code 32940

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 \$150.00
After May 1, 2002 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 D
NAME ALENCI, BARBARA L.
STREET ADDRESS 860 SPANISH WELLS DR.
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE D
NAME ALENCI, BARBARA L.
STREET ADDRESS 6126 ARLINGTON CR
CITY-ST-ZIP MELBOURNE, FL 32940 ☒ Change ☐ Addition

TITLE V
NAME ALENCI, ANTHONY J
STREET ADDRESS 860 SPANISH WELLS DR
CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE V
NAME ALENCI, ANTHONY J.
STREET ADDRESS 6126 ARLINGTON CR
CITY-ST-ZIP MELBOURNE, FL 32940 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. ALENCI - VP 1/5/02

Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90015 027 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)