

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90133 041 \*\*\*150.00

**DOCUMENT # P01000002333**

1. Entity Name  
**BUSY FINGERS QUILT SHOP, INC.**



Principal Place of Business  
**ISLAND BUSINESS CENTER  
460 N. G.R. 427 UNIT 112  
LONGWOOD FL 32750**

Mailing Address  
**ISLAND BUSINESS CENTER  
460 N. G.R. 427 UNIT 112  
LONGWOOD FL 32750**



2. Principal Place of Business

**460 N. RONALD REAGAN BLVD.**

3. Mailing Address

**460 N. RONALD REAGAN BLVD**

Suite, Apt. #, etc.

**#112**

Suite, Apt. #, etc.

**#112**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3692663**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GOODBOE, CAROL  
ISLAND BUSINESS CENTER  
460 N. G.R. 427 UNIT 112  
LONGWOOD FL 32750**

**7. Name and Address of New Registered Agent**

Name

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

**460 N. RONALD REAGAN BLVD #112**

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.

**CAROL GOODBOE**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GOODBOE, CAROL</b>	
STREET ADDRESS	<b>109 BRISTOL CIR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BALLENTINE, GLENDA</b>	
STREET ADDRESS	<b>1840 LAKE EMMA RD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**CAROL GOODBOE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAROL GOODBOE SEC/TREAS.**

**08/JAN/2003 407-767-5123**

Date

Daytime Phone #

CR2E034 (10/02)