

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

MA01206 AV

DOCUMENT # P01000107517

1. Entity Name
QUILTER'S CORNER OF FORT MYERS, INC.

03-07-2002 90230 018 ***150.00

Principal Place of Business
 12717 MCGREGOR BLVD #1
 FORT MYERS FL 33919

Mailing Address
 PO DRAWER 60205
 FORT MYERS FL 33906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

12717-1 McGreggor Blvd
Ft. Myers
FL

4. FEI Number
 65-1150841

Applied For
 Not Applicable

Zip Country
 33919 Lee

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

6. Name and Address of Current Registered Agent
 ROYSTON, ROBERT D JR
 12670 NEW BRITTANY BLVD SUITE 101
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name: *Alice A. Ferriola*
 Street Address (P.O. Box Number is Not Acceptable): *12717-1 McGreggor Blvd*
 City: *Ft. Myers* State: **FL** Zip Code: *33919*

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: *Alice A. Ferriola*
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FERRIOLA, ALICE A	7808 EAGLES FLIGHT LANE	FORT MYERS FL 33912	<input type="checkbox"/>
	<i>Ferriola RICHARD</i>	<i>7808 EAGLES FLIGHT LN.</i>	<i>Ft. Myers FL. 33912</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P,S,T				<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Alice A. Ferriola* *2/21/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)