

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90295 038 ***150.00

DOCUMENT # P01000113320

1. Entity Name
MY FAVORITE QUILT SHOP, INC.



Principal Place of Business

3001 NW 38 STREET
GAINESVILLE FL 32606

Mailing Address

3001 NW 38 STREET
GAINESVILLE FL 32606

30010113



2. Principal Place of Business

5110 NW 34th ST

3. Mailing Address

5110 NW 34th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

26-0000981

Applied For

Not Applicable

Zip
32605

Country

Zip
32605

Country

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

DERRY, MARY E
3001 NW 38 STREET
GAINESVILLE FL 32606

Name

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

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

Mary E Derry

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DERRY, MARY E
3001 NW 38 STREET
GAINESVILLE FL 32606 ☐ Delete

TITLE
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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:

Mary E Derry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 352-372-4720

Date

Daytime Phone #

CR2E034 (10/02)