

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-10-2003 90134 036 ***150.00

DOCUMENT # P02000036515

1. Entity Name
GONE QUILTIN, INC.



Principal Place of Business
1237 HOMESTEAD ROAD
LEHIGH ACRES FL 33936

Mailing Address
1237 HOMESTEAD ROAD
LEHIGH ACRES FL 33936



2. Principal Place of Business
1223 Homestead Rd.
Suite, Apt. #, etc.

3. Mailing Address
1223 Homestead Rd.
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Lehigh Acres FL
Zip
33936

City & State
Lehigh Acres FL
Zip
33936

4. FEI Number
74-3035843

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

KREYLING, SHIRLEY L.
1237 HOMESTEAD ROAD
LEHIGH ACRES FL 33936

Name
Street Address (P.O. Box Number is Not Acceptable)
1223 Homestead Rd.
City **Lehigh Acres** **FL** **Zip Code** **33936**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **KREYLING, SHIRLEY L.**
STREET ADDRESS **1237 HOMESTEAD ROAD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☒ **Change** ☐ **Addition**
NAME **1223 Homestead Rd.**
STREET ADDRESS **Lehigh Acres FL 33936**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley L. Kreyling

CR2E034 (10/02)

4-28-03 738-3682272