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

11720 SW 10 ST-DAVIE FL-00025



## FILED May 08, 2003 8:00 am Secretary of State

05-08-2003 90167 005 \*\*\*150.00

DOCUMENT #  1. Entity Name QUILTER'S HAVEN, INC.	P02000058452	
Principal Place of Business	Mailing Address	

11730 CW 10 ST

DAVIE FL 99925

2. Principal Prison of Business   3. Mailing Address   3. Mailing Addres										
Suite, Apt. #, etc.    Suite, Apt. #, etc.   CHECK HEIRE IF MAKING CHANGES   Applied For Chy & State   Change   Applied For Change   Applied For Chy & State   Change   Applied For Change   Applied For Change   Applied For Chy & State   Change   Change   Applied For Chy & State   Change   Applied For Change   Applied For Chy & State   Change   Applied For Chy & State   Chy & Sta					e Boulet	761777	! (1881/1884 (1))   1881/18 (1)   1181/1   184/17   184/17   184/17   184/17   184/17   184/17   184/17   184/ 	.01 (81)) 81881 91	166 <b>0</b> 1601 6001	
DecKer, Diane   Street Address of Current Registered Agent   Street Address of New Registered Agent   Street Address					-7117 0					
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent    Name   N				FL						
DECKER, DIANE 11730 SW 10 ST DAVIE FL 33325  8. The above named entity submits the statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  FILE NOW!!! FEE IS S150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	3333		USA	33328		5. (				
DECKER, DIANE 11730 SW 10 ST   DAVE FL 33325   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is N		6. Name	and Address of Current	Registered Agent	Nama	7. 1	Name and Address of New Registered Ag	jent		
11730 SW 10 ST DAVIE FL 33325  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEETS \$150.00  FILE NOW!!! FEETS \$150.00  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  IT SUBMAR After May 1, 2003 Fee will be \$550.00  Addition  OFFICERS AND DIRECTORS IN 11  THE NAME  SIRET ADDRESS  CITY-ST-2P  THE NAME  SIRET ADDRESS  CITY	DECKED	DIANE	<del></del>	<del></del>	Name		· · · · · · · · · · · · · · · · · · ·			
BATTER 13325  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGN			,		Street Add	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature hoods or printed name of impetitional again and title 4 application. (HOTE Registered Agent sphalure required when increasing)  TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridab Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME STREET ADDRESS CITY-ST-2P  DAVIE FL 33325  CITY-ST-2P  DECKER, DIANE 11730 SW 10 ST DAVIE FL 33325  CITY-ST-2P  Delete  TITLE NAME STREET ADDRESS CITY-ST-2P  Delete  TITLE NAME STREET ADDRESS CITY-ST-2P  Delete  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  Delete  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CI										
B. 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature of organized agent and titled applicable   (NOTE Registered Agent signature transfers)   ONE	DAVIE FL	. 33325								
SIGNATURE  Signature byte did printed reme of my firmed against and title if upplicable  **FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to FiorIda Department of State  10.		•		•	City		FL	Zip Code		
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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	NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby of	certify that the	information supplied with	this filling does not qualify fo	NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated	in Section	119.07(3)(i), Florida Statutes, l further certif	y that the info	ormation	