

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90030 017 \*\*\*150.00

DOCUMENT # P02000122577

1. Entity Name

A BIT OF EVERYTHING, INC.



Principal Place of Business  
997 2ND AVENUE NORTH  
NAPLES FL 34112

Mailing Address  
997 2ND AVENUE NORTH  
NAPLES FL 34112

**55052881**

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3665422

Applied For

Not Applicable

Zip

34102

Country

Zip

34102

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

RYAN, DEBORAH A  
997 2ND AVENUE NORTH  
NAPLES FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 President ☐ Delete  
NAME Deborah A Ryan  
STREET ADDRESS 15 Crooked Lane  
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

Deborah A Ryan

7/15/03

239-263-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
55052881  
PO2000122577  
**A Bit of Everything, Inc.**  
Quality Pre Owned home Furnishings

To Whom it May Concern; July 15, 2003

Please accept my check for \$150.00 for this very late Uniform Business report. I did not receive the one that should have arrived in January. I opened my store about the same time and I am not certain that I was getting all of my mail. I noticed that there was an error in the zip code, which may have been my fault. I have corrected it on this form. The late fee is so much for me to handle as a new business and sole employee. I hope that you will consider my request to waive the fee just this once. I assure you that now that I know what to expect it will not happen again.

Your consideration is appreciated.

Sincerely,

Deborah Ryan