2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P97000041354

1. Entity Name

BEACHES QUILT SHOP, INC.



Principal Place of Business 1486 S THIRD ST JACKSONVILLE BEACH FL 32250 Mailing Address

1486 S THIRD ST

JACKSONVILLE BEACH FL 32250

2. Principal Place of Business		3. Mailing Addres	3. Mailing Address				B\$III BBIXI BBIII BII	 	7)) B 3 (BB)
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FE	50-2464680		plied For t Applicable	
Zip	Country Zip		Cour	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curr	ent Registered Agent			7. Na	me and Address of New	Registered Ag	jent	
	* ****** · **		· · · · · · · · · · · · · · · · · · ·	Name	1 1 •				
NIELSEN, BETH				Street Address (P.O. Box Number is Not Acceptable)					
1486 S THIRD ST				Circe Manage (17.					
JACKSON'	IVILLE BEACH FL 32250								
				City			FL	Zip Code	9
8. The above r	named entity submits this statemer	nt for the purpose of char	naina its reaister	ed office or regi	istered agen	t, or both, in the State of F	lorida. I am fai	ı miliar with, a	and accept
	ons of registered agent.	K tot alle pai poed or olisi	, ig ii g vogiete.			,		ŕ	·
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	ed Agent signature rec	quired when reins	tating)	DATE		
			e_						
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	nn l				9. Election Campaign F	·		0 May Be
		00							
Make Check	Payable to Florida Departmen					Trust Fund Contribut	ion.	Added	to Fees
	Payable to Florida Departmen	t of State	11	- 	ADD				
10.	OFFICERS A	nt of State	11.		ADD	TIONS/CHANGES TO OF	FICERS AND D	DIRECTORS	3 IN 11
	OFFICERS A	t of State		E	ADD		FICERS AND D		
10.	OFFICERS A T NIELSEN, BETH	nt of State	lete TITU NAM	E	ADD		FICERS AND D	DIRECTORS	3 IN 11
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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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-25-03

Daytime Phone #

☐ Change

Addition

FILED

Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90290 023 ***150.00

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