

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

DOCUMENT # P97000046070

1. Entity Name
JASON'S QUALITY WALLCOVERINGS, INC.



FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 041 ***150.00

0109631 AV

Principal Place of Business
**3409 GLADSTONE ST.
SARASOTA FL 34231
US**

Mailing Address
**3409 GLADSTONE ST.
SARASOTA FL 34231
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0754857**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVENSEN, GINA
3409 GLADSTONE STREET
SARASOTA FL 34231**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
EVENSEN, JASON L
3409 GLADSTONE STREET
SARASOTA FL 34231** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EVENSEN, GINA M
3409 GLADSTONE STREET
SARASOTA FL 34231** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 # _____

CR2E034 (4/03)

80146160

#P97000046070

To Whomever it may concern:
Florida Department of State
Division of Corporations
Uniform Business Report
Tallahassee, FL 32302-1500

This is in regards to the notice we have just recieved, stating our business administration will be revoked if payment is not recieved by Sept. 10th.

This is the first notice we have recieved, the only notice & that is why I have overnighted this payment to you to have in by the 10th of Sept. I am requesting the Florida Dept. of State - Division of Corporations to accept our request to qualify for the original \$150. filing fee, understanding that this is the only document/notice we have ever recieved.

We appreciate your help on this matter.

Thank you for your time.

Gina Evensen - Gina Evensen
Jason's Quality Wallcoverings, Inc.
Doc # P97000046070
EIN # 65-0754857

3409 Gladstone St.
Sarasota, FL 34231
(941) 925-9194

Renewal paid by check #2528 \$150.00