

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA9000062663 Amended**

1. Entity Name

The Quilting Patch, Inc.

Principal Place of Business

Mailing Address

**1690 Raymond Diehl Rd A-5
Tallahassee, FL 32308**

FILED

00 JUL 27 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3595905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Janice Parker
29 Kristin Lane
Crawfordville, FL 32327**

Name

Kris T Hebert

Street Address (P.O. Box Number is Not Acceptable)

3853 Mariarity Ct

City

Tallahassee

FL

Zip Code

32308

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.

SIGNATURE

Kris T Hebert, President

Kris T Hebert

7/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Delete
NAME **Janice Parker**
STREET ADDRESS **29 Kristin Lane**
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE **P, N, T, S** ☐ Change ☐ Addition
NAME **Kris T Hebert**
STREET ADDRESS **3853 Mariarity Ct**
CITY-ST-ZIP **Tall, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

13. 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 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kris T Hebert** **Kris T Hebert**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

553-4650

Daytime Phone #

CR2E034 (9/99)