CLOSET TAMERS, INC.					,	04-01-2002 90045 037 ***150.00		
Principal Place of Business - Mailing Address 1130 S NOVA RD - 1130 S NOVA RD ORMOND BEACH FL 32174 - ORMOND BEACH FL 32174						and the same of th		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number 65-0088621 Applied Fo			
Zip	Country	Zip	Countr	у	5 . C	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			
e and the second of the second				Name				
erbe, sherry A.				Street Address (P.O. Box Number is Not Acceptable)				
5 COBBLESTONE TRAIL								
ORMOND BCH FL 32174								
				City FL Zip Code				
8. The above r	named entity submits this statement for	the purpose of changing its r	egistered	d office or reg	gistered age	ent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required visits of the control of					equired when re	instating) DATE		
	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee		
11. OFFICERS AND DIRECTORS				2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS	VD Delete ERBE, JR., JOSEPH B. 5 COBBLESTONE TRAIL ORMOND BEACH FL		TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		☐ Change ☐ Ad	dition	
NAME STREET ADDRESS	PD ERBE, SHERRY A. 5 COBBLESTONE TRAIL ORMOND BEACH FL	STONE TRAIL		TADDRESS ST-ZIP		☐ Change ☐ Ad	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olimond BENOTTE	☐ Delete	TITLE NAME	ADDRESS	•	Change	dition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS		☐ Change ☐ Ad-	dition	

TITLE Delete TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE CHANGE Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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 of 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2002 Uniform Business Report (UBR)

M76673

DOCUMENT #

A. Esker 3.

3-2102

386-673-6969 Daytime Phone #

☐ Change

CR2E034 (9

☐ Addition