2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 401867

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|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------|--------------|----------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|-----------------------------------------|--------------|-------------------------|--------------|
| DOCUMENT # 401867 1. Entity Name THE EXTRA CLOSET CORPORATION | | | | | | | FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90055 006 ***150.00 | | | | ₹ |
| Principal Place of Business 343 AVENUE C. SOUTHWEST WINTER HAVEN FL 33880 US | | | Mailing Address 343 AVENUE C. SOUTHWEST WINTER HAVEN FL 33880 US | | | | | *************************************** | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | , 148411 4381, 6844) (1801 4811 4811 481 | | ,,, .,, | 0,811 1401 | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. F | 4. FEI Number 59-1399407 | | - Not | olied For Applicable |] |
| Žìp | Zip Country | | Zip Cou | | itry | 5. Certificate of Status Desired | | See Required | | | |
| | 6. Name and | Address of Current Re | gistered Agent | stered Agent | | 7. N | ame and Address of New Regis | tered Agen | 1 | |] |
| 10.01.11.11.11 | | | | | Name | lame | | | | | |
| ULCH, ALAN L | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 343 AVENUE C. SOUTHWEST | | | | | <u> </u> | | | | | | 1 |
| WINTER | IAVEN FL 3388 |) 54. | | | | | | | | | |
| | | | | | City FL Zip Code | | | | | | |
| 8. The above the obligat | named entity sub ions of registered | mits this statement for thagent. | ne purpose of changing its | register | ed office or registe | ered age | ent, or both, in the State of Florida | . I am familia | ar with, a | ind accept | + |
| SIGNATURE : | | ed name of registered agent and | title if applicable. (NOT | E: Registere | d Agent signature require | ed when rein | nstating) | DATE | . | <u></u> | |
| | ···· | <u> </u> | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Election Campaign Financ Trust Fund Contribution. | ing 🔲 | | May Be to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | | ADD | DITIONS/CHANGES TO OFFICER | RS AND DIRE | CTORS | IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ULCH, ALAN L 343 AVENUE (WINTER HAVE | SOUTHWEST | ☐ Delete | | - I | ** | | | Change | Addition | 5034 (10/02) |
| TITLE | | | ☐ Delete | TITL | E | | | | Change | Addition | CR2E00 |
| NAME | j | | | NAM | E J | | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | _ | _ 🐷 | .4. |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | F3 | |
| TITLE NAME | | | Delete | TITU NAM | | | | | Change | Addition | |
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| CITY-ST-ZIP | | | | | -ST-ZIP | | | | N | | |
| TITLE | Ī | | Delete | TITU | : | | | □(| Change | Addition | l |

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.

NAME

TITLE NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: HLANGULUCHREOL

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Addition

☐ Change