

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007075

1. Entity Name
NEW ENGLAND CLOSETS PLUS, LLC

FILED
00 MAR -7 PM 3:49
w/ 3/20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
1202 PINE ISLAND ROAD
BUILDING 2, UNIT H
CAPE CORAL FL 33909

Mailing Address
1202 PINE ISLAND ROAD
BUILDING 2, UNIT H
CAPE CORAL FL 33909-2197

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

65-0957763

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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

GONZALEZ, MIGUEL
1202 PINE ISLAND ROAD
BUILDING 2, UNIT H
CAPE CORAL FL 33909

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.

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE OWNER
NAME LORRAINE SKIBICKI
STREET ADDRESS 55 Robin Lane
CITY-ST-ZIP CHeshire, CT 06410 MGR

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

TITLE OWNER
NAME RONALD SKIBICKI
STREET ADDRESS 55 Robin Lane
CITY-ST-ZIP CHeshire, CT 06410 Managing MGR

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LORRAINE SKIBICKI MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date: 1/30/00
Daytime Phone #: (203) 271-1880

000016 IN

CR2E083 (9/99)