

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-27-2002 90002 040 ***150.00

DOCUMENT # P00000000297

1. Entity Name

OPENCLOSE.COM, INC.

Principal Place of Business

1401 NW 136TH AVE., #302
 SUNRISE FL 33323
 US

Mailing Address

1401 NW 136TH AVE., #302
 SUNRISE FL 33323
 US

23595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1643 N. Harrison Parkway
 Suite, Apt. #, etc.
 Building H

City & State

Sunrise FL

Zip
 33323

Country
 USA

3. Mailing Address

1643 N. Harrison Parkway
 Suite, Apt. #, etc.
 Building H

City & State

Sunrise FL

Zip
 33323

Country
 USA

4. FEI Number

65-0978572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAMBO, BARBARA L

1401 NW 136TH AVE., #302
 SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name Robert Sullivan

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

1643 N. Harrison Parkway

Building H

City Sunrise

FL

Zip Code

33323

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

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

Robert Sullivan, President

(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, 2002 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

TITLE D
 NAME NEWBY, C T
 STREET ADDRESS 1643 NORTH HARRISON PARKWAY
 CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

TITLE D
 NAME GREEN, STEPHEN
 STREET ADDRESS 1643 NORTH HARRISON PARKWAY
 CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE D
 NAME LEE, MICHAEL
 STREET ADDRESS 1643 NORTH HARRISON PARKWAY
 CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE P
 NAME SULLIVAN, ROBERT
 STREET ADDRESS 1401 N.W. 136TH AVE #302
 CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
 NAME
 STREET ADDRESS 1643 N. Harrison Parkway, Bldg H
 CITY-ST-ZIP Sunrise, FL 33323 ☒ Change ☐ Addition

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

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

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:

Robert Sullivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Sullivan President

Date

954-308-4003
 Daytime Phone

CR2034 (9/01)