

# P00000051720

Form & Function Custom Closets Inc  
1001 Corporate Avenue, Suite # 100  
North Port, FL 34286

City/State/Zip

Phone #

200005431992--4  
-05/02/02--01080--011  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
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|                                   |   | <input type="checkbox"/> Certificate of Status |

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

CR2E031(7/97)

Examiner's Initials

*PS sf/g/or*

*RA/KO*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Form & Function Custom Closets, Inc.

2. The mailing address of the corporation : 1001 Corporate Ave., # 100  
North Port, FL 34286

3. Date of incorporation/qualification: 05/17/2000 Document number: P00900051720

4. The name and address of the current registered agent and office:

Angelika Neumann

~~1001 Corporate Ave. #100~~ 12189 Kneeland Terrace  
~~North Port, FL 34286~~ Port Charlotte, FL 33981

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Volkhard W. Neumann

1001 Corporate Ave. # 100

North Port, FL 34286

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

04/24/2002  
(Date)

Volkhard W. Neumann, President

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

(Signature of Registered Agent)

04/29/2002  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

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