

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000051720

FILED  
Apr 02, 2003  
Secretary of State

**Entity Name:** FORM & FUNCTION CUSTOM CLOSETS, INC.

**Current Principal Place of Business:**

1001 CORPORATE AVENUE  
STE 100  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

1001 CORPORATE AVENUE  
STE 100  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 59-3654792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEUMANN, VOLKHARD W  
1001 CORPORATE AVE #100  
NORTH PORT, FL 34286 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NEUMANN, VOLKHARD  
Address: 12189 KNEELAND TERRACE  
City-St-Zip: PORT CHARLOTTE, FL 33981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: NEUMANN, VOLKHARD  
Address: 2484 MAGNOLIA CIRCLE  
City-St-Zip: NORTH PORT, FL 34289

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VOLKHARD NEUMANN

PRES

04/02/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date