

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095566

1. Entity Name
THE BROOM CLOSET, INC.

Principal Place of Business
22920 FOREST RIDGE DR
ESTERO FL 33928

Mailing Address
22920 FOREST RIDGE DR
ESTERO FL 33928

2. Principal Place of Business
22920 FOREST RIDGE DR.
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 312
Suite, Apt. #, etc.

City & State
ESTERO FLORIDA

City & State
ESTERO FLORIDA

Zip Country
33928 USA

Zip Country
33928 USA

4. FEI Number
65 1076014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PKWY, STE 115
NAPLES FL 34105-3203

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D'ANGELO, SUZANNE
STREET ADDRESS 22920 FOREST RIDGE DR
CITY-ST-ZIP ESTERO FL 33928

TITLE D ☐ Delete
NAME SUMMERS, LORI
STREET ADDRESS 9104 KING RD W
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-01 941229-4875
Date Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90049 001 ***150.00
09-18-2001 90049 002 ***400.00

78538



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)