

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90026 042 ***150.00

DOCUMENT # P01000009887

1. Entity Name

BETH CLOSET SHELVING, INC.

Principal Place of Business

Mailing Address

**27345 COMER DRIVE
 BONITA SPRINGS FL 34135**

**27345 COMER DRIVE
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Bonita Spgs FL
 34133 Lee**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANKINS, POWELL III
 27345 COMER DRIVE
 BONITA SPRINGS FL 34135**

David Powell Hankins III
 Street Address (P.O. Box Number is Not Acceptable)

**27345 Comer Dr
 City Bonita Springs FL Zip Code 34135**

9. 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]

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

(NOTE: Registered Agent signature required when reinstating)

3-27-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner/President** ☐ Delete
 NAME **David Powell Hankins III**
 STREET ADDRESS **27345 Comer Dr**
 CITY-ST-ZIP **Bonita Spgs FL 34135**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

3-27-02 941-825-3922

Date

Daytime Phone #

CR2E034 (8/01)