2003 FOR PROFIT CORPORATION

					1)						
DOCUMENT. # P0100054453 1. Entity Name CLOSEOUTS CONCEPTS. COM, INC.								•			
Principal Place of Business 11101 S. CROWN WAY, #3 WELLINGTON FL 33414			Mailing Address 11101 S. CROWN WAY, #3 WELLINGTON FL 33414				1 JERUPER W. ERIO WAN ERIO AND E	1 (1) 21 (1) 1	 	- 11181 1011 1881	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI	Number 65-1111619		-	oplied For ot Applicable	
Country		i					75 Additional Required				
6. Name	and Address of	Current Registere	ed Agent	1,2		7. Nan	ne and Address of New Regi	stered Agen	t		
DE LA MER, AMI					Name Street Address (P.O. Box Number is Not Acceptable)						
	·			City				EI 2	Zip Cod	e	
ions of registe	ered agent.		11-16-					a. I am famili	ar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financ Trust Fund Contribution.	eing		0 May Be to Fees	
	OFFICE	RS AND DIRECTO	RS	11.		ADD:T	IONS/CHANGES TO OFFICE	RS AND DIRI	ECTORS	S IN 11	
Р			☐ Delete	TITLE	P	,		الميكر		Addition	
3450 SOU	TH OCEAN BLY	/D., UNIT 807		NAME STREET ADDRESS	1	0 l	DE LA HER S CROWN	i way	ςυ	73	
PALM DEA	UN FL 33460		☐ Delete	TITLE	\ \w				-5:	Addition	
				STREET ADDRESS CITY-ST-ZIP							
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	MENT, ne UTS CON te of Business town WAY, #3 FL 33414 Place of Busin #, etc. e 6. Name TON FL 334 named entity ions of registe Signature, typed of Payable to P DE LA MER 3450 SOU	MENT, # PO MENT, # PO MENT, # PO MENT, # PO ME OF Business Why Way, #3 FL 33414 Place of Business #, etc. Be Country 6. Name and Address of GR, AMI CROWN WAY, #3 TON FL 33414 Inamed entity submits this stations of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. OFFICE P DE LA MER, AMI	MENT, # .PO100005 MENT, # .PO100005 MENT, # .PO100005 Mailing Mailing	MENT, # .P0100054453 De of Business WANN WAY, #3 Place of Business Mailing Address WELLINGTON FL 33414 City & State City &	MENT, # .P01000054453 ITS CONCEPTS. COM, INC. Mailing Address INN WAY. #3 FL 33414 MELLINGTON FL 33414 WELLINGTON FL 33414 Welling Address Ja. Mailing Address Welling Address Welling Address Ja. Mailing Address Welling Address Ja. Mailing Address Welling Address Ja. Mailing Address Welling Address Welling Address Ja. Mailing Ad	MENT, # .P01000054453 TO OF DESIDESS MAILESS REPORT (UBR) MENT, # .P01000054453 TO OF DESIDESS MAILED ACTORS MAILED ACTOR	MENT, # .P01000054453 TS CONCEPTS. COM, INC. Mailing Address Mailing Address Mailing Address Milling Address	MENT, # .P01000054453 UTS CONCEPTS. COM, INC. Maling Address WM WAY, #3 1101 S. CROWN WAY, #3 WELLINGTON F. 33414 Maling Address WM WAY, #3 1101 S. CROWN WAY, #3 WELLINGTON F. 33414 Maling Address J. Malling Address WWW WAY, #3 Maling Address WM WAY, #3 Maling Address J. Malling Address WWW WAY, #3 Country Country S. Certificate of Status Desired F. Name and Address of Current Registered Agent R. AMI CROWN WAY, #3 ON FI. 33414 City City	MENT # .P01000054453 UTS CONCEPTS. COM, INC. Includes Mailing Address Million Address Million Address Million Address Million Address Million S. CROWN WAY. #3 WELLINGTON P. 33414 Includes Mailing Address Million Address Million Address Million S. CROWN WAY. #3 WELLINGTON P. 33414 Include Million Address Million Address Million Million Address Million	MENT, # .P01000054453 Interpretation of Business Interpr	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURED SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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