## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P02000039065

1. Entity Name

CLOSET EXPRESSIONS, INC.



**FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90029 044 \*\*\*150.00

Principal Place of Business 8291 SW SKIPPER DRIVE STUART FL 34997			Mailing Address 8291 SW SKIPPER DRIVE STUART FL 34997									
2. Principal Place of Business			3. Mailing Address							8 18111 88118 <u>1</u>	PARDI DANA 1884	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number		· · · · · · · · · · · · · · · · · · ·		plied For t Applicable	
Zip	Country		Zip		Country		5. Certificate of	Status Desired		<b>8.75</b> Addee Required		
	6. Name	and Address of Current	Registered Agent	•			7. Name and Ac	dress of New R	Registered Ag	ent		
CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139					Suite	Palm 1050	<b>⊏</b> I Zip Code					
the obligat	ions of regist	ered agent.		Beach, 33401 tered agent, or both, in the State of Florida. I am familiar with, and accept								
	Signature, typed	or printed name of registered agent	and title if applicable	(NOTE: Registe	red Agent signatu	re required w	hen reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								on Campaign Fir Fund Contributio			O May Be to Fees	
10.	٠, ,	OFFICERS AND	DIRECTORS	11			ADDITIONS/CH	ANGES TO OFF	ICERS AND D	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Deborah B Skipper Drive	☐ Dele	NA ST	TLE AME REET ADDRESS TY-ST-ZIP	Wilso 8291	and S on, Debora SW Skippo rt, FL 3	er Drive	[	xt Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		R. MICHAEL SKIPPER DRIVE L 34997	☐ Dele	NA ST	TLE IME REET ADDRESS TY-ST-ZIP	D;: VI Wilse 8291	P and T on, R. Mi SW Skippe rt, FL 3	chael er Drive	X	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ر المهمومة النا المحتصد بالتواد	Dete	NA St	ILE		سلوش براري العرابيدي المتحاد المتحاد المتحاد		[	_¹Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele	NA ST	TLE ME REET ADDRESS FY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Dela	NA STI	'LE Me Reet address IY-ST-ZIP					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele	NA STI	'LE Me Reet address IY-ST-ZIP					] Change	Addition	

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:

561-662-1951