

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90009 044 ***150.00

DOCUMENT # <i>P02000064386</i>	
1. Entity Name	
CLOSETS UNIQUE	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10411 KEY LANTERN DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NEW PORT RICHEY, FL			
Zip	Country	Zip	Country
34654			

54018207

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
01-0712158		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
MICHAEL R EGGERLING	
Street Address (P.O. Box Number is Not Acceptable)	
10411 KEY LANTERN DR	
City	Zip Code
NEW PORT RICHEY	FL 34654

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MICHAEL R EGGERLING
STREET ADDRESS	10411 KEY LANTERN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654
TITLE	VICE PRESIDENT
NAME	KRISTEN L EGGERLING
STREET ADDRESS	10411 KEY LANTERN DR
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Eggerling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/04

Daytime Phone #