

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90032 034 \*\*\*150.00

**DOCUMENT #** 02000064386

**1. Entity Name**

CLOSETS UNIQUE, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

10411 KEY LANTERN DR

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**

NEW PORT RICHEY, FL

**City & State**

**4. FEI Number**

01-0712158

**Applied For**

Not Applicable

**Zip**

34054

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

\$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**

NEW PORT RICHEY

**FL**

**Zip Code**

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**

*Michael Eggerling*

MICHAEL R. EGGERLING, PRESIDENT

1/26/2006

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** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.**

**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

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**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*

MICHAEL R. EGGERLING, PRESIDENT

1/26/2006

727-697-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #