FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR

| | | SS REPORT (| <u>n R</u> F | <) | _ | <u> </u> | | |
|---|-------------------------------------|---------------------------------|-------------------|----------------------|---|---|---------------------|------------|
| DOCUMENT # 202000 64386 100 | | | | | | FIL | ED | |
| 1. Entity Name | | | | | 09 JAN 23 | PM 12: 56 | | |
| CLOSETS UNIQUE TAC. | | | | | | SECRETARY | OF STATE | |
| CLOSE 18 UNIQUE (X) | | | | | 1 | TALLAHASSE | E EL OBIDA | |
| na N | OT WDITE | IN THIS S | DΛ | ^E | | IMELMINASC | L L LONGE | |
| DON | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 100 | 141899 | 581 | |
| 10411 KEY LANTERN DR | | - | | | 1 | 90105401 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | 4. FEI Num | ber | Applied Fo | or |
| NEW PORT RICHEY, FL | | | | 01-0712158 | | Not Applic | | |
| Zip 34654 | Country | Zip | Co | ountry | 5. Certificate | of Status Desired | \$8.75 Addit | |
| | | | | | ne and Addre | ss of Current R | egistered Agent | |
| Name | | | | | EGGERLING | | | |
| | | | | | , EGGERLING Idress (P.O. Box Number is Not Acceptable) | | | |
| IN THIS SPACE | | | | 10411 KEY LA | | | | |
| | NIFIIOOF | AVE | | | | | | |
| | | | | City | | | Zip Code | |
| | | | | NEW PORT R | | | 34654 | |
| 8. The above named | entity submits this sta | atement for the purpos | e of cl | hanging its regis | stered office of | or registered age | nt, or both, in the | |
| State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE | ICARCI ESS | MICHAE | <u>L R. E</u> | GGERLING, PI | RESIDENT | , , , , , , , , , , , , , , , , , , , | 1/15/2009 | |
| | | registered agent and title if a | ppiicabie | e. (NOTE: Regist | tered Agent signal | ture required when rei | nstating) DATE | - : |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 | | | | | | ampaign Financing | \$5.00 May | Be |
| F 3-1 1-3-3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | ded UBR is \$61.25 | | | | Trust Fund | d Contribution. | Added to F | ees |
| Make Check Payabi | e to Florida Departm | ent:ot:State: ND DIRECTORS | 11. | | I | | | |
| TITLE | PRESIDENT | | | TLE | | | | |
| NAME OTDEET ADDRESS | MICHAEL R. EGGEF | | | AME IREET ADDRES! | | | | |
| STREET ADDRESS CITY-ST-ZIP | 10411 KEY LANTER NEW PORT RICHEY | | | TY-ST-ZIP | | | | |
| TITLE | VICE PRESIDENT | | TI | TLE | | | | |
| NAME STREET ADDRESS | KRISTEN L. EGGER | | | AME TREET ADDRES! | ę. | | | |
| CITY-ST-ZIP | NEW PORT RICHE | | CI | TY-ST-ZIP | | | | |
| TITLE | | | | TLE | | | | |
| NAME STREET ADDRESS | İ | | 10.000 | AME FREET ADDRESS | s . | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | DO NOT | WKIIE | |
| TITLE | | | | TLE | | IN THIS | SPACE | |
| NAME STREET ADDRESS | | | EC 213 313 | AME FREET ADDRES: | | | | |
| CITY-ST-ZIP | | | CI | TY-ST-ZIP | | | | |
| TITLE NAME | | | 1.1.1.1.1.1.1.1.1 | TLE YME | | | | |
| STREET ADDRESS | | | | REET ADDRES | s | | | |
| CITY-ST-ZIP | . | | | TY-ST-ZIP | | | | |
| NAME | | , • | | TLE AME | | | | |
| STREET ADDRESS | 1 | | | REET ADDRES | s | | NA (I- | , m |
| CITY-ST-ZIP | ha information 19 1 | | | TY-ST-ZIP | | - 440.07(2)(2) 5: | ١١٥ | - [|
| 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. | | | | | | | | |
| | | | | | | | | |
| | nkhrel tog | | | RLING,PRESIDI | | 1/15/2009 | 727-697-2107 | |
| SIGNA | ATURE AND TYPED OF | PRINTED NAME OF SIG | GNING | OFFICER OR D | IRECTOR | Date | Daytime Phone # | |