

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

ATX1

DOCUMENT # <u>02000064386</u>	
1. Entity Name	
CLOSETS UNIQUE INC.	

**FILED**  
**09 JAN 23 PM 12: 56**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

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

**100141895581**  
**01/23/09--01054--010 \*\*150.00**  
**DO NOT WRITE IN THIS SPACE**

<b>DO NOT WRITE IN THIS SPACE</b>	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 1/15/2009  
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				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL R. EGGERLING 10411 KEY LANTERN DR. NEW PORT RICHEY, FL. 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KRISTEN L. EGGERLING 10411 KEY LANTERN DR. NEW PORT RICHEY, FL. 34654	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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 1/15/2009 727-697-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #