

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007803

1. Entity Name
CLOSETMASTER, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90309 036 ***150.00

Principal Place of Business

1518 ERROL PARKWAY
APOPKA FL 32712

Mailing Address

1518 ERROL PARKWAY
APOPKA FL 32712

2. Principal Place of Business

7050 EDGEWATER DR

Suite, Apt. #, etc.

SUITE F

City & State

ORLANDO FL

Zip

32810

Country

USA

3. Mailing Address

1518 ERROL PARKWAY

Suite, Apt. #, etc.

A

City & State

APOPKA FL

Zip

32712

Country

USA

4. FEI Number **59-3490864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, WAYNE
1170 NORTH FLORAL WAY
APOPKA FL 32703

Name

CLARK, WAYNE

Street Address (P.O. Box Number is Not Acceptable)

1518 ERROL PARKWAY

City

APOPKA

FL

Zip Code

32712

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARK, WAYNE	
STREET ADDRESS	1518 ERROL PARKWAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)