

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90222 012 ***150.00

DOCUMENT # P98000007803

1. Entity Name
CLOSETMASTER, INC.



Principal Place of Business
**7050 EDGEWATER DRIVE
STE F
ORLANDO FL 32810**

Mailing Address
**1518 ERROL PARKWAY
APOPKA FL 32712**



2. Principal Place of Business

3. Mailing Address

7050 EDGEWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE F

City & State

**CITY & STATE
ORLANDO, FL 32810**

4. FEI Number **59-3490864**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
1518 ERROL PARKWAY
APOPKA FL 32712**

Name
CLARK, WAYNE

Street Address (P.O. Box Number is Not Acceptable)
**7050 EDGEWATER DRIVE
STE F**

City
ORLANDO

FL

Zip Code
32810

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CLARK, WAYNE**
STREET ADDRESS **1518 ERROL PARKWAY**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DP** ☒ Change ☐ Addition
NAME **CLARK, WAYNE**
STREET ADDRESS **7050 EDGEWATER DRIVE, STE F**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO DIRECTOR SECRETARY** ☒ Change ☒ Addition
NAME **MARSHALL BRADY**
STREET ADDRESS **7050 EDGEWATER DRIVE, STE F**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP DIRECTOR** ☐ Change ☒ Addition
NAME **CECELIA CLARK**
STREET ADDRESS **7050 EDGEWATER DR, STE F**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 407-521-5890
Date Daytime Phone #

CR2E034 (10/02)