

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

08-20-2001 90073 036 \*\*\*150.00

000149 AV

**DOCUMENT # P98000024289**

1. Entity Name  
**CLOSET WORLD, INC.**

Principal Place of Business

**3430 SW 15TH COURT  
 FT LAUDERDALE FL 33312**

Mailing Address

**3430 SW 15TH COURT  
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0851383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LANDERS, CHARLES  
 3430 SW 15TH COURT  
 FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDERS, DAVID</b>	
STREET ADDRESS	<b>3430 SW 15TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDERS, ROBERT CHARLES SR</b>	
STREET ADDRESS	<b>3430 SW 15TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDERS, MARK</b>	
STREET ADDRESS	<b>3430 SW 15TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KINGSLEY, TERRI</b>	
STREET ADDRESS	<b>3430 SW 15TH COURT</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8-13-01**

CR2E034 (5/01)

80062315

**Closet World, Inc. - 3430 S.W. 15<sup>th</sup> Court - Ft. Lauderdale, Florida 33312 - 954-316-6568**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

August 13, 2001

Document # P98000024289  
FEL # 65-0851383

To Whom It May Concern:

We received this document stating we are delinquent, however this is the first notice that was received. I called the the assistance number (850) 488-9000 outlined in the Uniform Business Report instructions and was advised to sent the \$150.00 and a note explaining the reason for not filing on time.

Should you have any questions please feel free to contact me at 954-316-6568.

Thank you for your assistance in this matter.



Charles Landers  
President