

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045219

1. Entity Name

ELEMENTARY CLOSET ORGANIZATION, INC.

Principal Place of Business

PO BOX 276224  
BOCA RATON FL 33427-6224

Mailing Address

PO BOX 276224  
BOCA RATON FL 33427-6224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BLASI, ANDREW B~~

~~7900 GLADES ROAD STE 445~~

~~BOCA RATON FL 33434~~

LUCY ANN PANELLA  
P.O. Box 276224  
BOCA RATON FL.  
33427-6224

Name

LUCY ANN PANELLA

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

1174 N.W. 13th ST #240B - Boca Raton  
P.O. Box 276224 33487

City

BOCA RATON

FL

Zip Code

33427

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

*Lucy Ann Panella*  
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-5-00

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS PANELLA, LUCY A  
CITY-ST-ZIP PO BOX 276224  
BOCA RATON FL 33427-6224

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

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Lucy Ann Panella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

561-345-9296

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90160 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE