## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P02000044047 DOCUMENT #

1. Entity Name

6130 NW 30TH TERR

GAINESVILLE FL 32653

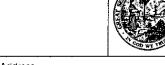
CLASS III DEVELOPMENT, INC.



## **FILED** Apr 08, 2003 8:00 am Secretary of State

04-08-2003 90104 016 \*\*\*150.00

Principal Place of Business	Mailing Ad



6130 NW 30TH TERR

GAINESVILLE FL 32653

2. Principal P	lace of Business	_3Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State		City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	Name		
STEVENSON, CHRISTOPHER L 6130 NW 30TH TERR GAINESVILLE FL 32653			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
6. 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. (NO	TE: Registered Agent signature req	quired when reinstating) DATE		
F	ILE 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 \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, CHRISTOPHER L 6130 NW 30TH TERR GAINESVILLE FL 32653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		

I hereby certify that the information supplied with this filing does for 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 frue 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 this tee employees 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

**SIGNATURE:** 

Date Daytime Phone #