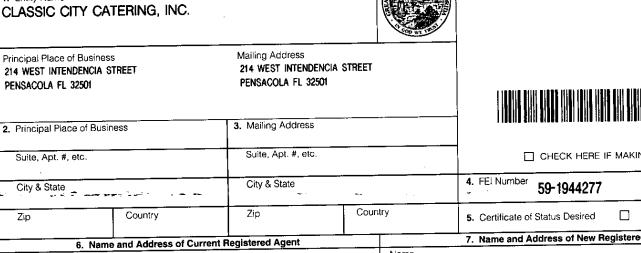
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

643826 **DOCUMENT #**

1. Entity Name

CLASSIC CITY CATERING, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90427 039 ***150.00



TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	'			<u> </u>										
City & State Country Zip Country Zip Country S. Certificate of Status Desired See Required See	Suite, Apt. #	, etc.	Suite	, Apt. #, etc.					CHE	CK HER	E IF MA	KING C	HANGES	
The Above and Address of Current Registered Agent St. Certificate of Status Desired St. 75 Additional Fee Required	City 9 Ctata		City &	& State		.,,,	4. FE	Number	FO 4	04407	7			
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Accoptable) Cay FL Zp Code Cay FL Address (P.O. Box Number is Not Accoptable) Cay FL Zp Code Cay FL Address (P.O. Box Number is Not Accoptable) Cay FL Zp Code Cay FL Zp Code Cay FL Zp Code Cay FL Zp Code Cay FL Address (P.O. Box Number is Not Accoptable) Cay FL Cay FL Cay FL Address (P.O. Box Number is Not Accoptable) Cay FL Cay FL Cay FL Cay FL Cay FL Address (P.O. Box Number is Not Accoptable) Cay FL Cay Cay FL Cay Cay FL Cay FL Cay FL Cay FL Cay Cay FL Cay FL Cay Cay Cay Cay Cay Cay Cay Ca	City & State						- '		29- I	94427	<u> </u>		Not	Applicable
OBERHAUSEN, LAWRENCE W. 811 E. GREGORY STREET PENSACOLA FL 32501 City FL Zip Code	Zip	Country	Zip	Count		lry	Sertificate of Status Desired Fee							
OBERNAUSEN, LAWRENCE W. 811 E. GREGORY STREET PENSACOLA FL 32501 City FL Zip Code I. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flor da. I. am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OTH-ST-2P PENNANN, DAVID E. SIRES ADDRESS OTH-ST-2P OTHER MAKE SIRES ADDRESS OTH-ST-2P OTHER ADDRESS OTH-ST-2P OTHER MAKE SIRES ADDRESS OTH-ST-2P OTHER MAKE SIRES ADDRESS OTH-ST-2P OTHER MAKE SIRES ADDRESS OTH-ST-2P OTHER SIRES		6 Name and Address of Current	Registere	d Agent	_		7. Na	me and A	ddress	of New	Registe	red Ag	ent	
### PENSACOLA FL 32501 City FL Zip Code		U. Halife and Address St. Co.	<u>-</u>			Name								
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee wi	OBERHAUSEN, LAWRENCE W.					Street Addre	ess (P.O. Bo	x Number i	is Not A	cceptal	ole)			. — —
A City FL ZP Code 1. 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, proper or prined name of registered agent and title if applicable.	811 E. GR	egory street												
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. Comparison of registered agent Comparison of 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. Comparison of 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. Comparison of 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. Comparison of 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. Comparison of the purpose of change agent.	PENSACO	LA FL 32501												
The obligations of registered agent. Signature Si						City						FL	Zip Code	,
The obligations of registered agent. Signature Si					mintor	nd office or rea	ietorod ago	nt or both	in the	State of	Florida.	I am fa	miliar with, a	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ID. OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PENNIMAN, DAVID E. TITLE MAME STREET ADDRESS IT. TYZ MAGNOLIA AVE PENSACOLA FL 32503 IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA AVE IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET	the above the oblig≄i	named entity submits this statement for ons of registered agent.	or the purpo	ose of changing its	registere	ea onice or reg	nstereu age	nt, or boar,	, mr alc i	Sidio o	i iorida.			•
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ID. OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PENNIMAN, DAVID E. TITLE MAME STREET ADDRESS IT. TYZ MAGNOLIA AVE PENSACOLA FL 32503 IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA AVE IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME STREET ADDRESS IT. TYZ MAGNOLIA IT. NAME NAME STREET	NONATURE											2.25		
After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS	JIGNATURE .	Signature, typed or printed name of registered agen	and title if app	licable. (NOTE	: Registere	d Agent signature re	quired when rein	nstating)				JAIE		
TILE PENNIMAN, DAVID E. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	After	May 1, 2003 Fee will be \$550.00				·								
THE MAME STREET ADDRESS CITY-ST-ZIP PRONACOLA FL 32503 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP PRONACOLA FL 32503 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP PRONACOLA FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP PRONACOLA FL 32503 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST	Make Check							DITIONS (C	I LANCI	EC TO C	EEICEB	e AND	DIRECTORS	SIN 11
MME MME MAME STREET ADDRESS CITY-ST-ZIP PENNIMAN, DAVID E. 1712 MAGNOLIA AVE PENSACOLA FL 32503 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-	10.	OFFICERS AND	DIRECTO				ADI	JITIONS/C	HANG	<u>ES 10 C</u>	FFICEN	3 AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	PENNIMAN, DAVID E.		☐ Delete	NAM STR	ie Eet address							change	
INTLE NAME NAME NAME NAME NAME STRET ADORESS CITY-ST-ZIP ITTLE NAME NAME STRET ADORESS CITY-ST-ZIP ITTLE NAME NAME STRET ADORESS CITY-ST-ZIP ITTLE NAME STRET ADORESS CITY-ST-ZIP	CITY-ST-ZIP	PENSACOLA FL 32503			- <u>-</u>								Change	☐ Addition
STREET ADDRESS STRE	TITLE			☐ Delete										
CITY-ST-ZIP	NAME													
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				h	_	1 -								
Delete	CITY-ST-ZIP	·			4								☐ Change	Addition
STREET ADDRESS STRE	TITLE			☐ Delete		l l							Change	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				•									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				GH	r-S1-ZIP							F7 01	T Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITE	.E							Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				. NAI	AE								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1			STE	EET ADDRESS								
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	•			CIT	Y-ST-ZIP								
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITI C			Dejete	TIT	LE							Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP On Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		1			NAI	WE								
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					STF	REET ADDRESS								
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition		1			CIT	Y-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		-		☐ Delete	TIT	LE		···					Change	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP						1								
CITY-ST-ZIP						I								
the design of the state of the					1	I .								
	OHI OF AN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ith this fills	a dage not qualify fo	or the ev	emotion states	in Section	119.07(3)(i). Floric	la Statu	es. I furt	her cer	tify that the	nformation

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: