

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 010 ***150.00

DOCUMENT # F96000005809

1. Entity Name
CLASSIC DESIGN FURNISHINGS, INC.



Principal Place of Business
**401 EAST MAIN STREET
THOMASVILLE NC 27360
US**

Mailing Address
**P O BOX 16524
SAINT LOUIS MO 63105
US**

11054141



2. Principal Place of Business
401 E. Main Street

3. Mailing Address
P.O. Box 16524

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Thomasville, NC

City & State
St. Louis, MO

4. FEI Number **54-0856174**

Applied For
Not Applicable

Zip
27360

Country
USA

Zip
63105

Country
USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. 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 **P** ☒ Delete
NAME **PFAFF, CHRISITAN J**
STREET ADDRESS **401 EAST MAIN STREET**
CITY-ST-ZIP **THOMASVILLE NC 27360**

TITLE ☒ Change ☐ Addition
NAME **Tom Tilley**
STREET ADDRESS **401 E. Main Street**
CITY-ST-ZIP **Thomasville, NC 27360**

TITLE **D** ☐ Delete
NAME **HOWARD, DAVID P**
STREET ADDRESS **101 SOUTH HANLEY ROAD**
CITY-ST-ZIP **ST LOUIS MO 63105**

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

TITLE **D** ☐ Delete
NAME **CHIPPERFIELD, LYNN**
STREET ADDRESS **101 SOUTH HANLEY ROAD**
CITY-ST-ZIP **ST LOUIS MO 63105**

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

TITLE **AT** ☐ Delete
NAME **JACKSON, AL**
STREET ADDRESS **101 SOUTH HANLEY ROAD**
CITY-ST-ZIP **ST LOUIS MO 63105**

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

TITLE **V** ☐ Delete
NAME **LOWDER, WARREN G**
STREET ADDRESS **701 FIFTH STREET**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

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

TITLE **D** ☐ Delete
NAME **HOLLIMAN, WILBERT G**
STREET ADDRESS **101 S HANLEY ROAD**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

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 REQUIRED

Asst. Treasurer **4/28/03** 314-862-7140

Date Daytime Phone #

CP2E034 (10/02)