

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90188 017 \*\*\*150.00

**DOCUMENT # F97000005056**

1. Entity Name  
**CLASSIC IRON, INC.**

Principal Place of Business

**6685 COLLIER BLVD.  
 NAPLES FL 34114**

Mailing Address

~~P.O. BOX 2117~~ **6685 Collier Blvd.**  
~~MARCO ISLAND FL 34140-2117~~ **Naples, FL 34114**



2. Principal Place of Business

**6685 Collier Blvd.**

3. Mailing Address

**6685 Collier Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Naples FL**

City & State

**Naples FL**

4. FEI Number **91-1863697**

Applied For  
 Not Applicable

Zip

Country

**34114 U.S.A.**

Zip

Country

**34114 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNERLEY, MICHAEL J  
 909 SOUTH BARFIELD DRIVE  
 MARCO ISLAND FL 33937**

7. Name and Address of New Registered Agent

Name **Denise E. Connerley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**909 S. Barfield Dr.**  
**Marco Island FL 34145**  
 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 **D.E. Connerley**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-13-02**  
 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, 2002 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

TITLE **PCTD** ☒ Delete  
 NAME **CONNERLEY, MICHAEL J**  
 STREET ADDRESS **909 SOUTH BARFIELD DRIVE**  
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **VSD** ☐ Delete  
 NAME **CONNERLEY, DENISE E**  
 STREET ADDRESS **909 SOUTH BARFIELD DRIVE**  
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PVSD** ☒ Change ☐ Addition  
 NAME **Denise E. Connerley**  
 STREET ADDRESS **909 South Barfield Dr.**  
 CITY-ST-ZIP **Marco Island FL 34145**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 another like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-13-02 941-732-6992**  
 Date Daytime Phone #

CR2E034 (9/01)