

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90187 023 ***150.00

DOCUMENT # G71935

1. Entity Name
CLASSIC CREATIONS CATERING, INC.



Principal Place of Business
**947 N. ORANGE AVENUE
SUITE A
WINTER PARK FL 32789**

Mailing Address
**947 N. ORANGE AVENUE
SUITE A
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2385598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAUL, LEONA
505-106 VIA DELL ORO
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **LEONA PAUL**

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

303 So. Dover Ct.

City **Hempstead PA 19046** 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 **Leona P. Paul**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

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

TITLE **P**
NAME **PAUL, LEONA**
STREET ADDRESS **1046 PADDINGTON TERR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

☐ Delete

TITLE **V**
NAME **PAUL, GEORGE J., II**
STREET ADDRESS **947 ORANGE AVE., SUITE A**
CITY-ST-ZIP **WINTER PARK FL 32789**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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☐ Addition

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: **Leona P. Paul**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/03 4076284691

CR2E034 (10/02)