

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90049 021 ***150.00

0492435

DOCUMENT # K87970

1. Entity Name
CLASSY SECURITY CORPORATION

Principal Place of Business
**328 N. OCEAN BLVD.
 #801
 POMPANO BEACH FL 33062
 US**

Mailing Address
**PO BOX 1547
 POMPANO BEACH FL 33061-1547
 US**

00025130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8533 NW. 51 Place
 Suite, Apt. #, etc.

3. Mailing Address
8533 NW. 51 Place
 Suite, Apt. #, etc.

City & State
Coral Springs FL.
 Zip Country
33067 US

City & State
Coral Springs FL.
 Zip Country
33067 US

4. FEI Number **65-0126912** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CODERRE, PIERRE
 328 N. OCEAN BLVD.
 APT. #801
 POMPANO BEACH FL 33062**

CHANGE →

7. Name and Address of New Registered Agent

Name **CODERRE, PIERRE**
 Street Address (P.O. Box Number is Not Acceptable)
8533 NW. 51 Place
 City **Coral Springs FL** Zip Code **33067**

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.

Pierre Coderre President

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

April 9, 2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CODERRE, PIERRE 328 N. OCEAN BLVD., APT. #801 POMPANO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CODERRE, PIERRE 8533 NW. 51 Place CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *[Signature]* **PIERRE CODERRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (954) 942-5276
 Date Daytime Phone #

CR2E034 (10/00)