

2001 UNIFORM BUSINESS REPORT (UBR)

00226655 AF

DOCUMENT # L00000001553

1. Entity Name

B & H PIONEER CLASSICS, LC

Ch. #570, 4/14/01

Principal Place of Business

Mailing Address

633 ALHAMBRA RD., STE. 901/902
VENICE FL 34285

633 ALHAMBRA RD., STE. 901/902
VENICE FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NA

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGUE, RALPH

633 ALHAMBRA RD., STE. 901/902
VENICE FL 34285

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.

SIGNATURE

RALPH HAGUE Ralph Hague

4/13/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. *Secretary* MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE *Ralph Hague* ☐ Delete
NAME
STREET ADDRESS *633 Alhambra #901/902*
CITY-ST-ZIP *Venice, FL 34285*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ralph Hague

5/24/01 941-485-1660

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE