

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71291

1. Entity Name

CLASSIC COUNTERS OF PALM BEACH, INC.

Principal Place of Business

859 13TH CT W  
BAY A  
RIVIERA BEACH FL 33404  
US

Mailing Address

859 13TH CT W.  
BAY A  
RIVIERA BEACH FL 33404-6700  
US

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

65-0043827

Applied For

Not Applicable

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

DECKER, RONALD B.  
7294 154 CT NORTH  
PALM BEACH GARDENS FL 33418

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DECKER, RONALD B	
STREET ADDRESS	7294 154TH CT, N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DECKER, LISA C	
STREET ADDRESS	7294 154TH CT, N	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald B. Decker

Date

7/4/00 561-848-6038

Daytime Phone #

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90055 003 \*\*\*150.00

00022748



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)