

# 2001 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 33404-6729  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90138 028 \*\*\*150.00

0507944

00001010



DO NOT WRITE IN THIS SPACE

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 65-0043827 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

|                                                    |    |          |
|----------------------------------------------------|----|----------|
| Name                                               | FL | Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
|                                                    |    |          |
| City                                               |    |          |

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, 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

|                |                       | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DECKER, RONALD B      |                                                       |                                                                   |
| STREET ADDRESS | 7294 154TH CT, N      |                                                       |                                                                   |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL |                                                       |                                                                   |
| TITLE          | VD                    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DECKER, LISA C        |                                                       |                                                                   |
| STREET ADDRESS | 7294 154TH CT, N      |                                                       |                                                                   |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL |                                                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                       |                                                                   |
| STREET ADDRESS |                       |                                                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                       |                                                                   |
| STREET ADDRESS |                       |                                                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                       |                                                                   |
| STREET ADDRESS |                       |                                                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                                       |                                                                   |
| STREET ADDRESS |                       |                                                       |                                                                   |
| CITY-ST-ZIP    |                       |                                                       |                                                                   |
| TITLE          |                       | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (561-848-6038)  
Date Daytime Phone #

CR2E034 (10/00)