

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90067 001 *****61.25

DOCUMENT # N95000004904

1. Entity Name

CLASSY CHASSYS OF MARION COUNTY, INC.



Principal Place of Business

**1084 SE 56TH COURT
OCALA FL 34471
US**

Mailing Address

**1084 SE 56TH COURT
OCALA FL 34471
US**

2. Principal Place of Business

24860 NE 130th ST

3. Mailing Address

24860 NE 130th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SALT SPRINGS FL

City & State

SALT SPRINGS FL

Zip

Country

32134 US

Zip

Country

32134 US

6. Name and Address of Current Registered Agent

**MACQUARRIE, CHRISTOHER J
2303 S.E. 17TH STREET
SUITE 201
OCALA FL 34471**

4. FEI Number **59-3356254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARKFERDING, TOM**
STREET ADDRESS **2010 S.E. 33RD ST**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **S** ☐ Delete
NAME **JARDINE, MELANIE**
STREET ADDRESS **4265 SE 60TH STREET**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **VD** ☐ Delete
NAME **GRIMES, TOM**
STREET ADDRESS **1084 SE 56 CT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☒ Delete
NAME **GRIMES, PAMELA**
STREET ADDRESS **1084 SE 56TH COURT**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **POWERS WILLIAM M**
STREET ADDRESS **24860 NE 130th ST**
CITY-ST-ZIP **SALT SPRINGS, FL 32134**

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

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

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

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 617, 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:

SIGNATURE REQUIRED

4-8-02 (352) 685-1250

CR2E037 (10/02)