

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90109 050 ***150.00

DOCUMENT # P00000005577

1. Entity Name

CLASSIC MECHANIC, INC.

Principal Place of Business

**11388 SOUTHEAST HIGHWAY 301
 BELLEVUE FL 34420**

Mailing Address

**11388 SOUTHEAST HIGHWAY 301
 BELLEVUE FL 34420**

2. Principal Place of Business

3. Mailing Address

4577 SE Hwy 42

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Summerfield, FL

4. FEI Number

59-3618476

Applied For

Not Applicable

Zip

Country

Zip

Country

34491-5127

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 2002 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
 NAME: **PSTD**
 STREET ADDRESS: **SINGER, VICTOR J JR**
 CITY-ST-ZIP: **11388 SOUTHEAST HIGHWAY 301
 BELLEVUE FL 34420**

☐ Delete

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

352-307-9686

Daytime Phone #

CR2E034 (9/01)