

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000038541**

1. Entity Name

CLASSIC WALL & CEILING CONTRACTORS, INC.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90277 018 ***150.00

Principal Place of Business

PO BOX 436
LUTZ FL 33548-0436

Mailing Address

PO BOX 436
LUTZ FL 33548-0436

2. Principal Place of Business

18413 STERLING SILVER

3. Mailing Address

P.O. Box 426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL.

City & State

Lutz, FL.

4. FEI Number

59-3641035

Applied For

Not Applicable

Zip

33549

Country

Hillsborough

Zip

33548

Country

Hillsborough5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARVER, RONALD
18413 STERLING SILVER CIR
LUTZ FL 33549**

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVD			
	CARVER, RONALD			
	18413 STERLING SILVER CIR			
	LUTZ FL 33549			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Ronald Carver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD CARVER JAN. 24, 2001 (813) 935-0779

CR2E034 (10/00)