

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90132 012 ***150.00

DOCUMENT # P01000010522

1. Entity Name
HUNTINGTON CLASSICS, INC.



Principal Place of Business
1016 W 1ST ST
SANFORD FL 32771

Mailing Address
1016 W 1ST ST
SANFORD FL 32771

2. Principal Place of Business
13041 LANE PARK RD

3. Mailing Address
P.O. Box 126

Suite, Apt. #, etc.
TAVARES

Suite, Apt. #, etc.

City & State
TAVARES FL

City & State
Yalaha FL

Zip
32778

Country
LAKE

Zip
34797

Country
LAKE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3536278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIRLE, CANDACE A
1016 W 1ST ST
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name **Birle, CANDACE**
Street Address (P.O. Box Number is Not Acceptable) **601 Clusterwood Drive**
City **Yalaha** **FL** **Zip Code** **34797**

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]*

2-3-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME BIRLE, DONALD	
STREET ADDRESS 312 RACHELLE AVE	
CITY-ST-ZIP SANFORD FL 32771	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Birle, Donald	
STREET ADDRESS 601 Clusterwood Drive	
CITY-ST-ZIP Yalaha, FL 34797	
TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Birle, CANDACE	
STREET ADDRESS 601 Clusterwood Drive	
CITY-ST-ZIP Yalaha, FL 34797	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)