

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90091 030 ***150.00

DOCUMENT # **PO1000018664**

1. Entity Name

PALM BEACH CLASSIC CARS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4574 OYER BLVD.

Suite, Apt. #, etc.

#12

3. Mailing Address

4574 OYER BLVD.

Suite, Apt. #, etc.

#12

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FLA.

City & State

WEST PALM BEACH, FLA.

4. FEI Number

65-1081265

Applied For

Not Applicable

Zip

33407

Country

PALM BEACH

Zip

33407

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEW LEACH

Street Address (P.O. Box Number is Not Acceptable)

4574 OYER BLVD. #12

WEST PALM BEACH

City

FL

Zip Code

33407

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 restate)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT - DIRECTOR
LEWIS LEACH III
17503 300 LANE N.
LOXAHATCHEE, FLA. 33470**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
JOHN ANZALONE
963 HIGGINS DRIVE
ROYAL PALM BEACH, FLA. 33411**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

861.844.3433

Daytime Phone #

CR2E034B (12/01)