2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P01000018664 **DOCUMENT #**

1. Entity Name PALM BEACH CLASSIC CARS, INC.



Principal Place of Business 4574 DYER BLVD.. #12 WEST PALM BEACH FL 33407 Mailing Address 4574 DYER BLVD.. #12 WEST PALM BEACH FL 33407

2. Principal Place of Business		3. Mailing Address				######################################	RBU COURT ÖSTIGE I	AIIIRI BIBI HBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FI	55-1081965 H			oplied For ot Applicable
Zip	Country	Zip	Country	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				
			Name					
	ew Nis Club dr., #105 Lm Beach fl 33417	Street A	ddress (P.O. Bo	x Number is Not Accepta	F/2	3407		
			City	HU	n BEACH,	FL	Zip Code	e
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		s registered office or E: Registered Agent signate			Florida. I am fa	ımiliar with,	and accept
	Signature, typed or printed frame or registered agent a	ind the irapplicable. (NO)	E. Hegistered Agent alghan	ara raquiros virios ron				
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 Trust Fund Contribution.				
10.	OFFICERS AND		11.		DITIONS/CHANGES TO C	DEFICERS AND	DIRECTOR:	S IN 11
TITLE .	PD OF FIGLING AND	Delete	TITLE	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,7,02,107,110	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	LEACH, III, LEWIS 17503 300 LANE NORTH LOXAHATCHEE FL 33470	_ Delote	NAME STREET ADDRESS CITY-ST-ZIP	17503	30# CADE	Nonth		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZALONE, JOHN 963 HIBISCUS DRIVE ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

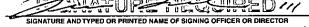
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME



☐ Delete

☐ Delete

961-844-3433

Change

Change

☐ Addition

Addition

FILED

Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90147 049 ***150.00