

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-07-2003 90183 040 ***150.00

DOCUMENT # P01000022552

1. Entity Name
CLASSIC HOMES REALTY, INC.



Principal Place of Business
4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228



2. Principal Place of Business
1239 S. U.S. Hwy 27
Suite, Apt. #, etc.

3. Mailing Address
1239 S. U.S. Hwy 27
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Clermont FL 34711
Zip
34711
Country

City & State
Clermont FL
Zip
34711
Country

4. FEI Number 65-1089875
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHEATLEY, ALISON
4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name Burke, Margaret A.
Street Address (P.O. Box Number is Not Acceptable)
1239 S. U.S. Hwy 27
City Clermont FL Zip Code 34711

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

Margaret A. Burke

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHEATLEY, ALISON
STREET ADDRESS 4134 GULF OF MEXICO DR STE 302
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VD
NAME WHEATLEY, ADRIAN
STREET ADDRESS 4134 GULF OF MEXICO DR STE 302
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE D
NAME BURKE, MARGARET A
STREET ADDRESS 4134 GULF OF MEXICO DR STE 302
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Wheatley, Alison
STREET ADDRESS 1239 S. U.S. Hwy 27
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE D
NAME Burke, Margaret A.
STREET ADDRESS 1239 S. U.S. Hwy 27
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE D
NAME Wheatley, Adrian
STREET ADDRESS 1239 S. U.S. Hwy 27
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret A. Burke 3/31/03 (850) 394-1473
Date Daytime Phone #

CR2E034 (10/02)