

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90061 045 ***150.00

DOCUMENT # P01000051413

1. Entity Name

CLASSIC INTERIORS OF GULF BREEZE, INC.



Principal Place of Business

P.O. BOX 273

GULF BREEZE FL 32562

Mailing Address

P.O. BOX 273

GULF BREEZE FL 32562

3057 Gulf Breeze Parkway

2. Principal Place of Business

3. Mailing Address

PO BOX 273

Suite, Apt. #, etc.

Gulf Breeze, FL

Suite, Apt. #, etc.

Gulf Breeze

City & State

City & State

FL

Zip

32563

Country

SANTAROSA

Zip

32562

Country

SANTAROSA

6. Name and Address of Current Registered Agent

LANE, LONNIE

3057 Gulf Breeze Pkwy

3051 GULF BREEZE PKWY. Gulf Breeze, FL 32563

GULF BREEZE FL 32561

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lonnie Lane* LONNIE LANE - partner/owner

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, KAREN	
STREET ADDRESS	3051 GULF BREEZE PKWY.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, LONNIE	
STREET ADDRESS	3051 GULF BREEZE PKWY.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Lonnie Lane REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-03

Date

Daytime Phone #

CR2E034 (10/02)

60008306



☐ CHECK HERE IF MAKING CHANGES