

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000061273**

1. Entity Name

KLASSY CARS CONSULTANTS, INC.**FILED**
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90694 010 ***558.75

0038729 AV

Principal Place of Business

**5563 LYNNE TREE LANE NORTH
JACKSONVILLE FL 32258**

Mailing Address

**5563 LYNNE TREE LANE NORTH
JACKSONVILLE FL 32258**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6536 Beach Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Zip

32216

Country

Duval

Country

4. FEI Number

59-3727729

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **KENDALL ANDERSON**

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

5563 LYNNE TREE LN. N.City **JACKSONVILLE****FL**Zip Code **32258**

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

Kendall K. Anderson Sr.

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

(NOTE: Registered Agent signature required when reinstating)

6-8-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **ANDERSON, KENDALL K SR**
STREET ADDRESS **5563 LYNNE TREE LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32258**TITLE **SVD** ☐ Delete
NAME **ANDERSON, KAREN M**
STREET ADDRESS **5563 LYNNE TREE LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32258**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kendall K. Anderson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-02 (904) 655-5844

Date

Daytime Phone #

CR2E034 (9/01)