

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071896

1. Entity Name  
CLASSIC ART SOURCE, INC.

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90083 041 \*\*\*550.00

Principal Place of Business

1328 CROWN ISLE CIRCLE  
APOPKA FL 32712

Mailing Address

1328 CROWN ISLE CIRCLE  
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593738318

Applied For

Not Applicable

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

B&C CORPORATE SERVICES OF CENTRAL FLA INC.  
390 NORTH ORANGE AVENUE SUITE 1100  
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D. STAFSTROM, SCOTT 1328 CROWN ISLE CIRCLE APOPKA FL 32712	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

*Scott Stafstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/2002

407 682 6620

Date

Daytime Phone #

CR2E034 (4/02)