

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90765 034 \*\*\*150.00

DOCUMENT # **P0200000643 1**

1. Entity Name

**Classy Cafe Inc.**  
**2728 Mahan Dr Bldg 3**  
**Tallahassee FL 32308**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2728 Mahan Dr**

3. Mailing Address

**Sarasota 2**

Suite, Apt. #, etc.

**Bldg 3**

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

Zip

**32301**

Country

Zip

Country

4. FEI Number

**32-0000196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Peggy Crawford**

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

**2728 Mahan Dr Bldg 3**

City

**Tallahassee**

**FL**

Zip Code

**32308**

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

**Peggy Crawford President**

**4/30/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Peggy Crawford**  
**2728 Mahan Dr Bldg 3**  
**Tallahassee FL 32308**

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Peggy Crawford President**

**4/30/03**

**850 922 1707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)