05/01/03 THU 12:36 FAX 3526885886 Your Business Mat1

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91850 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058762

1. Entity Name
CENTRAL FLORIDA CLASSICS, INC.

90129577

Principal Place of Business	Mailing Address
6721 WOODSMAN DR ZEPHYRHILLS, FL 33544	6721 WOODSMAN DR ZEPHYRHILLS, FL 33544

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
35049 STATE RD 54W	35049 STATE RD 54W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZEPHYRHILLS FL	City & State: ZEPHYRHILLS FL
Zip: 33541 Country	Zip: 33541 Country

4. FEI Number 65-1170387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARK, SAMUEL F
6721 WOODSMAN DR
ZEPHYRHILLS, FL 33544

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	D PARK, SAMUEL F 6721 WOODSMAN DR ZEPHYRHILLS, FL 33544	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES DAVID SHAY 22203 OLLIER RD BROOKSVILLE FL 34602	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: X [signature] DAVID SHAY X 5-1-03 X 8137798700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #