

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90104 031 \*\*\*150.00

**DOCUMENT # P02000064299**

1. Entity Name  
**KLASSEN DEVELOPMENT CORPORATION**



Principal Place of Business  
**8400 MULLIGAN CIRCLE  
PORT ST. LUCIE FL 34986**

Mailing Address  
**8400 MULLIGAN CIRCLE  
PORT ST. LUCIE FL 34986**



2. Principal Place of Business

3. Mailing Address

**7904 SADDLEBROOK DR** **7904 SADDLEBROOK DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**PORT ST. LUCIE FL** **PORT ST. LUCIE FL**

Zip  
**34986**

Country  
**USA**

Zip  
**34986**

Country  
**USA**

4. FEI Number

**74-3052717**

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

**KLASSEN, VICTOR H  
8400 MULLIGAN CIRCLE  
PORT ST. LUCIE FL 34986**

Name

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

**7904 SADDLEBROOK DR.**

City **PORT ST. LUCIE**

State **FL**

Zip Code **34986**

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P VICTOR, KLASSEN, H 8400 MULLIGAN CIRCLE PORT ST. LUCIE FL 34986</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>7904 SADDLEBROOK DR PORT ST. LUCIE FL 34986</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**VICTOR KLASSEN**

**3/4/03**

**772-930-9439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)