

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90086 004 ***150.00

DOCUMENT # P02000068485

1. Entity Name
CLASSIC DOCKS, INC.



Principal Place of Business
410 ORANGE AVENUE
UMATILLA FL 32784

Mailing Address
410 ORANGE AVENUE
UMATILLA FL 32784

2. Principal Place of Business

56214 Tree Rd

3. Mailing Address

56214 Tree Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Astor FL

City & State

Astor FL

Zip

32102

Country

Lake

Zip

32102

Country

Lake

4. FEI Number

04-3689002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOLTON, DUANE A
410 ORANGE AVENUE
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name

Duane A. Bolton

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

56214 Tree Rd

City

Astor

FL

Zip Code

32102

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

Duane A. Bolton

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/03

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

TITLE PD
NAME BOLTON, DUANE A
STREET ADDRESS 410 ORANGE AVENUE
CITY-ST-ZIP UMATILLA FL 32784 ☒ Delete

TITLE VD
NAME FOX, MILDRED A
STREET ADDRESS 36227 E ELDORADO LK DR.
CITY-ST-ZIP EUSTIS FL 32736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Duane A Bolton
STREET ADDRESS 56214 Tree Rd
CITY-ST-ZIP Astor FL 32102 ☒ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Duane A. Bolton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03

Date

Daytime Phone #

352 759 2698

CR2E034 (10/02)