

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90134 024 ***150.00

DOCUMENT # P02000076060

1. Entity Name
JIM'S CLASSIC AUTO, INC.



Principal Place of Business
7121 GARDNER ST.
WINTER SPRINGS FL 32792

Mailing Address
7121 GARDNER ST.
WINTER SPRINGS FL 32792



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

Country

Zip

Country

4. FEI Number

59-3688074

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

7. Name and Address of New Registered Agent

HUTCHINSON, JAMES
7121 GARDNER ST.
WINTER SPRINGS FL 32792

Name

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

City

Winter Park

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

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 P **NAME** HUTCHINSON, JAMES ☐ Delete
STREET ADDRESS 7121 GARDNER ST.
CITY-ST-ZIP WINTER SPRINGS FL 32792

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** Winter Park
CITY-ST-ZIP

TITLE T **NAME** HUTCHINSON, DOUGLAS A ☐ Delete
STREET ADDRESS 7121 GARDNER ST.
CITY-ST-ZIP WINTER SPRINGS FL 32792

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** Winter Park
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

407-678-1918

Daytime Phone #

CR2E034 (10/02)