

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90751 030 ***150.00

DOCUMENT # P02000100191

1. Entity Name
MUSCLE & CLASSIC CAR INVESTMENTS INC.



Principal Place of Business
1672 N. HERCULES AVENUE
UNIT J
CLEARWATER FL 33765

Mailing Address
1672 N. HERCULES AVENUE
UNIT J
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
82-0564081

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

FUCHS, LAWRENCE M ESQUIRE
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name **Matthew A. Zapp, III**
Street Address (P.O. Box Number is Not Acceptable)
239 Shore Drive
City **Palm Harbor** **FL** **Zip Code** **34683**

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 *Matthew A. Zapp, III*
Signature, typed or printed name of registered agent and title if applicable.

Matthew A. Zapp, III

4-27-03

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PST Matthew A. Zapp, III
STREET ADDRESS	1672 N. Hercules Ave., Suite J
CITY-ST-ZIP	Clearwater FL 33765-1957
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Lisa Karen Zapp
STREET ADDRESS	1672 N. Hercules Ave., Suite J
CITY-ST-ZIP	Clearwater FL 33675-1957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Matthew A. Zapp, III
Matthew A. Zapp, III

4-27-03

Date

Daytime Phone #

CR2E034 (10/02)