

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90158 009 ***150.00

0013762 FP

DOCUMENT # P02000124805

1. Entity Name
CLASSICAL DEVELOPMENT, CORP.



Principal Place of Business
**3830 UNIT A1
MELBOURNE BEACH FL 32951**

Mailing Address
**3830 UNIT A1 P.O. Box 51-0845
MELBOURNE BEACH FL 32951**



2. Principal Place of Business

3. Mailing Address

P.O. Box 51-0845

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MELBOURNE BEACH FL

4. FEI Number

54-2089250

Applied For

Not Applicable

Zip

Country

Zip

Country

32951

BREWALD

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

**MOSLEY, CURTIS R.
1221 E. NEW HAVEN AVENUE
MELBOURNE FL 32901**

Name **ANITA CRAGG**

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

3830 UNIT A1

City **MELBOURNE BEACH**

FL

Zip Code

32951

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

4/22/03

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CRAGG, ANITA**
CITY-ST-ZIP **3830 UNIT A1
MELBOURNE BEACH FL 32951**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ANITA CRAGG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/03

CR2E034 (10/02)