FILED
Sep 18, 2003 8:00 am
Secretary of State
09-18-2003 90030 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80149049

DOCUMENT # P02000130165

1. Entity Name
CLASSIC HOMEWORKS INC.

Principal Place of Business	Mailing Address
17604 HWY 41 UNIT 12 LUTZ, FL 33549	P.O. BOX 388 LUTZ, FL 33548

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1803 Kettler Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State LUTZ FL
Zip / Country	Zip 33559 / Country USA

4. FEI Number 03-0498154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSAS, JUDY
1803 KETTLER DR
LUTZ, FL 33559

7. Name and Address of New Registered Agent

Name

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

City 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
Amended UBR is $61.25
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	☐ Delete	TITLE VP NAME Judy Rosas STREET ADDRESS 1803 Kettler Dr 33559 CITY-ST-ZIP Tampa FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE President NAME Edgar Rosas STREET ADDRESS 1803 Kettler Dr CITY-ST-ZIP Tampa FL 33559	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
80149049

CLASSIC HOMEWORKS,
INC

P.O. Box 388
Lutz, FL 33549

September 16, 2003

Division of Corporations
Uniform Business Report Fillings
P.O Box 1500
Tallahassee, FL 32302-1500

Re: 2003 for Profit Corporation UBR

Dear Officers:

Per our conversation, I download the UBR form. This is the first time I have to pay for this fees. Thank you for your orientation. Enclosed you will find this UBR form with the information that you requested. Also I correct my address in this form.

Thank you for your service.

Sincerely Yours,

Edgar Rosas
President