2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000131716

1. Entity Name CLASSIC LAUNCH CHARTERS, INC.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90136 024 ***150.00

Principal Place of Business 690 COLLIER LAKE CIRCLE SEBASTIAN FL 32958			Mailing Address 690 COLLIER LAKE CIRCLE SEBASTIAN FL 32958				1 / 1 (((())	a n a ar n a maga m	De hedde had be	11 212 4 1(1 1 26)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F6	El Number			pplied For	
Zip Country		•	Zip Cour		/	5. Certificate of Status Desired \$8.75 A		8.75 Ad ee Require		7	
	6. Name and Add	dress of Current Regis	tered Agent			7. Na	ime and Address of New I				1
CDDV O	CHARD				Name						7
EDDY, RICHARD -690 COLLIER LAKE CIRCLE				Street Address ((P.O. Box Number is Not Acceptable)				
SEBASTIAN FL 32958											7
					City			FL	Zip Cod		1
the obliga	e named entity submits tions of registered age	this statement for the part.	urpose of changing its r	egistered	office or registere	ed ager	nt, or both, in the State of FI	orida. I am far	niliar with,	and accept	1
SIGNATURE	Signature, typed or printed na	ame of registered agent and title if	applicable. (NOTE:	Registered A	gent signature required v	when reins	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State =					ي، يو ـــ		Election Campaign Fit Trust Fund Contribution	nancing		0 May Be I to Fees	1
10.		OFFICERS AND DIREC		11.		ADD	ITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR	2 INI 11	-
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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:

CONCRETE REQUESTO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

772-473 19280