

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

06-20-2001 90011 025 ***550.00

DOCUMENT # P93000058155

1. Entity Name
J.C. CLASSICS, INC.

Principal Place of Business 12201 US 19 BAYONET POINT BAYONET POINT FL 34667 US	Mailing Address 12201 US 19 BAYONET POINT HUDSON FL 34667 US
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2. Principal Place of Business 12201 US 19 North	3. Mailing Address 12201 US 19 North
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bayonet Point FL	City & State Bayonet Point FL
Zip 34667	Country Pasco
Country Pasco	Zip 34667

6. Name and Address of Current Registered Agent

**PEEG, CHARLES W III
 12201 U.S. 19 NORTH
 BAYONET POINT FL 34667**

7. Name and Address of New Registered Agent

Name **Charles W. Deeg III**

Street Address (P.O. Box Number is Not Acceptable)
12201 US 19 North

City **Bayonet Point** FL Zip Code **34667**

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.

SIGNATURE **C. Deeg** DATE **6/15/01**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☒ Delete	TITLE President	☐ Change ☒ Addition
NAME BELLONE, JACK D	Past Away	NAME John Bellone	
STREET ADDRESS 12201 US 19 N.		STREET ADDRESS 15010 Surrey Bend	
CITY-ST-ZIP BAYONET POINT FL 34667		CITY-ST-ZIP Brooksville FL 34609	
TITLE D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DEEG, CHARLES III		NAME	
STREET ADDRESS 12201 US 19		STREET ADDRESS	
CITY-ST-ZIP BUYONAT PONT FL 34667		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **C. Deeg** DATE **6/29/01** 727-865-7955

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

CR2E034 (10/00)