

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90072 026 ***150.00

0044156 AV

DOCUMENT # P93000067970

1. Entity Name
CLASSIC CONSTRUCTION & DESIGN, INC.

Principal Place of Business

**2231 COBB DRIVE
TALLAHASSEE FL 32312**

Mailing Address

**PMB 303
6753 THOMASVILLE RD
TALLAHASSEE FL 32312**

2. Principal Place of Business

6753 THOMASVILLE RD

3. Mailing Address

Suite, Apt. #, etc.
#303

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip **32312**

Country **USA**

Zip

Country

4. FEI Number **59-3204855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MILLER, J.D.
2208 GATES DRIVE
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **J.D. MILLER**

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

9060 SHOAL CREEK DR.

City

TALLAHASSEE

FL

Zip Code

32312

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

J.D. Miller

J.D. MILLER

2/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, J. DOUGLAS	
STREET ADDRESS	6753 THOMASVILLE RD., #303	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

J.D. MILLER

2/12/02

850 893-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)