

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90170 024 ***150.00

DOCUMENT # P93000081837



1. Entity Name
CLASSIC CONSTRUCTORS INC.

Principal Place of Business
**503 TERR DR 5
BRANDON FL 33510
US**

Mailing Address
**503 TERRACE DR 5
BRANDON FL 33510
US**

22002928



2. Principal Place of Business
503 Terrace Dr
Suite, Apt. #, etc.

3. Mailing Address
503 Terrace Dr.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Brandon FL
Zip
33510
Country
USA

City & State
Brandon FL
Zip
33510
Country
USA

4. FEI Number
59-3213381

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KEINE, JOHN S
503 TERRACE DR S
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name
John S. Keine Sr.
Street Address (P.O. Box Number is Not Acceptable)
503 Terrace Dr.
City
Brandon **FL** Zip Code
33510

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 **John S. Keine Sr.** DATE **1/30/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE PST	<input checked="" type="checkbox"/> Delete
NAME HETLER, TOM	
STREET ADDRESS 503 TERRACE DR S	
CITY-ST-ZIP BRANDON FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN S. KEINE SR.	
STREET ADDRESS 503 TERRACE DR.	
CITY-ST-ZIP BRANDON, FL. 33510	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
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: **John S. Keine Sr.** **SIGNATURE REQUIRED** **SR** **1/30/03** **(813) 643-1274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)