

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90293 025 ***150.00

DOCUMENT # P94000024922

1. Entity Name
CLASSIC HEAVEN, INC.



Principal Place of Business
**11 A MAX BREWER PKWY
SUITE B
TITUSVILLE FL 32796
US**

Mailing Address
**PO BOX 2668
TITUSVILLE FL 32781
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3232592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INOCHOVSKY, ROMAN
11 A MAX BREWER PKWY
SUITE B
TITUSVILLE FL 32796**

Name

Timothy Mahoney

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

11 A. Max Brewer Parkway

Suite B

City

Titusville

FL

Zip Code

32796

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

Timothy Mahoney

3/28/03

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

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 **C** ☐ Delete
NAME **PATCH, GLENN E.**
STREET ADDRESS **11 A MAX BREWER PKWY SUITE B**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☒ Delete
NAME **INOCHOVSKY, ROMAN**
STREET ADDRESS **11 A MAX BREWER PARKWAY STE B**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **P** ☐ Change ☒ Addition
NAME **Timothy Mahoney**
STREET ADDRESS **11 A. Max Brewer Parkway, STE B**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE **ST** ☐ Delete
NAME **PORTER, VIRGINIA**
STREET ADDRESS **11 A MAX BREWER PARKWAY STE B**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Timothy Mahoney 3-28-03 321-383-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)