

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041496

1. Entity Name

CLASSIC PRINTING OF THE PALM BEACHES, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90003 041 ***550.00

Principal Place of Business

1200 OLD DIXIE HWY #12
 LAKE PARK FL 33445
 US

Mailing Address

899 SUNFLOWER AVE
 DELRAY BEACH FL 33445
 US

2. Principal Place of Business

3. Mailing Address

1200 OLD DIXIE Hwy
 Suite, Apt. #, etc.
 #12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE PARK, FL
 Zip
 33403
 Country
 USA

4. FEI Number

65-0582517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLINO, STEVEN
 899 SUNFLOWER AVE
 DELRAY BEACH FL 33445

Name

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

City

FL

Zip Code

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

Steven C. Carlino / STEVEN C. CARLINO

9-5-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 CARLINO, STEVEN
 899 SUNFLOWER AVE
 DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Steven C. Carlino / STEVEN C. CARLINO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-00

961-848-2468

CR2E034 (5/00)