

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 014 ***150.00

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DOCUMENT # P95000058516

1. Entity Name
CLASSIC DESIGN CONCEPTS, INC.



Principal Place of Business
**3690 NE 42ND LANE
OCALA FL 34479
US**

Mailing Address
**3690 NE 42ND LANE
OCALA FL 34479
US**

2. Principal Place of Business
3700 NE 42nd Ln.
Suite, Apt. #, etc.

3. Mailing Address
3700 NE 42nd Ln.
Suite, Apt. #, etc.

City & State
Ocala, FL
Zip
34479
Country
USA

City & State
Ocala, FL
Zip
34479
Country
USA

4. FEI Number **65-0597231**

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

**DIMURO, DANEIL
810 N.W. 25 AVE.
SUITE 104
OCALA FL 34475**

7. Name and Address of New Registered Agent

Name
Daniel DiMuro
Street Address (P.O. Box Number is Not Acceptable)
3700 NE 42nd Ln.
City
Ocala **FL** Zip Code
34479

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 _____ (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

TITLE	O	<input type="checkbox"/> Delete
NAME	DIMURO, DANIEL	
STREET ADDRESS	2225 NE 45TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIMURO, CAROL I	
STREET ADDRESS	2225 NE 45TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<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	
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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 another like empowered.

SIGNATURE: **Daniel DiMuro** **4-28-03 352-690-7222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)