

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 039 ***550.00

DOCUMENT # P95000083561

1. Entity Name
THOMAS PACCONI CLASSICS, INC.

Principal Place of Business 3920 RCA BLVD SUITE 2002 PALM BEACH GARDENS FL 33410 US	Mailing Address 3920 RCA BLVD SUITE 2002 PALM BEACH GARDENS FL 33410 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1400 NORTHPOINT PARKWAY Suite, Apt. #, etc. SUITE 100	3. Mailing Address 1400 NORTHPOINT PARKWAY Suite, Apt. #, etc. SUITE 100
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	4. FEI Number 65-0624381	Applied For Not Applicable
Zip 33407	Country US	Zip 33407	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ELLER, C.CRAIG
3920 RCA BLVD., SUITE 2002
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
 Name
C. CRAIG ELLER
 Street Address (P.O. Box Number is Not Acceptable)
1400 NORTHPOINT PARKWAY, SUITE 100
 City
WEST PALM BEACH FL Zip Code
33407

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 C. Craig Eller **C. CRAIG ELLER** **7-25-02**
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.

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACCONI, THOMAS SR. 3920 RCA BLVD., SUITE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACCONI, THOMAS J JR. 3920 RCA BLVD., SUITE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACCONI, THOMAS J JR. 3920 RCA BLVD, STE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACCONI, THOMAS J SR. 3920 RCA BLVD., SUITE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PACCONI, THOMAS J SR. 3920 RCA BLVD., SUITE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACCONI, THOMAS J SR. 3920 RCA BLVD., SUITE 2002 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1400 NORTHPOINT PARKWAY, SUITE 100 WEST PALM BEACH, FL 33407

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: SIGNATURE REQUIRED **561-472-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)