

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90085 043 ***150.00

DOCUMENT # P96000001794

1. Entity Name

CLASSY CLIPS, INC.

Principal Place of Business

~~960-C PONDELLA RD~~
~~ATTN: NEIL EDWARD DEWAR~~
~~NORTH FT MYERS FL 33903~~

Mailing Address

~~960-C PONDELLA RD~~
~~ATTN: NEIL EDWARD DEWAR~~
~~NORTH FT MYERS FL 33903~~

2. Principal Place of Business

Classy Clips, Inc.

3. Mailing Address

Classy Clips, Inc.

Suite, Apt. #, etc. **Lochmoor Plaza #15**
4150 Hancock Bridge Parkway

Suite, Apt. #, etc. **Lochmoor Plaza #15**
4150 Hancock Bridge Parkway

City & State **N. Fort Myers, FL 33903**

City & State **N. Fort Myers, FL 33903**

FEI Number **65-0634847**

Applied For

Not Applicable

Zip Country

Zip Country

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

DEWAR, NEIL E
~~960-C PONDELLA ROAD~~
~~NORTH FT MYERS FL 33903~~

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
NAME **DPT DEWAR, NEIL E 2102 Truman Ave**
STREET ADDRESS **2812 SW 1ST TERR AVE**
CITY-ST-ZIP **CAPE CORAL FL 33991 FL 33920**

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

TITLE ☐ Delete
NAME **DVS DEWAR, SYLVIA 2102 Truman Ave**
STREET ADDRESS **2812 SW 1ST TERR AVE**
CITY-ST-ZIP **CAPE CORAL FL 33991 FL 33920**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)