

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90129 010 ***150.00

DOCUMENT # P96000001794

1. Entity Name
CLASSY CLIPS, INC.



Principal Place of Business
LOCHMOOR PLAZA #15
4150 HANCOCK BRIDGE PARKWAY
NORTH FT MYERS FL 33903

Mailing Address
LOCHMOOR PLAZA #15
4150 HANCOCK BRIDGE PARKWAY
NORTH FT MYERS FL 33903



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 **65-0634847**

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

DEWAR, NEIL E
960-C PONDELLA ROAD
NORTH FT MYERS FL 33990

7. Name and Address of New Registered Agent

Name

Dewar Neil E

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

Lochmoor Plaza Unit 15

Hancock Bridge Pky

City

N. Fort Myers

FL

Zip Code

33903

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

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	DPT	☐ Delete
NAME	DEWAR, NEIL E	
STREET ADDRESS	4150 HANCOCK BRIDGE PKY #15	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	DVS	☐ Delete
NAME	DEWAR, SYLVIA	
STREET ADDRESS	4150 HANCOCK BRIDGE PKY #15	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]
SIGNATURE REQUIRED: DEWAR

4-7-03 2899955683

Date

Daytime Phone #

CR2E034 (10/02)