

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90346 007 \*\*\*150.00

**DOCUMENT # P96000002231**

1. Entity Name

**CLASSIC SOUTHERN SPECIALTIES, INC.**

Principal Place of Business

1706 GRACE STREET  
 SUITE B  
 TAMPA FL 33607

Mailing Address

601 BAYSHORE BLVD  
 SUITE 830  
 TAMPA FL 33606

**B0053894**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**29214 CHAPEL PARK DR.**

3. Mailing Address

**320 W. Kennedy Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

City & State

**Westley Chapel, FL**

City & State

**TAMPA, FL**

Zip

**33543**

Country

**USA**

Zip

**33606**

Country

**USA**

4. FEI Number

**59-3373435**

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

**MARTINEZ, DANIEL F II**

**9199 CORPORATE LAKE DR #300  
 TAMPA FL 33634**

Name

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

**9119 CORPORATE LAKE DR  
 Suite 300**

City

**TAMPA**

**FL**

Zip Code

**33634**

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, 2002 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 **P**  
 STREET ADDRESS **MULLER, ERIC E**  
 CITY-ST-ZIP **1706 GRACE STREET, SUITE B  
 TAMPA FL**

TITLE ☒ Change ☐ Addition  
 NAME **Muller, Eric E.**  
 STREET ADDRESS **320 W - Kennedy #200**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**Eric E. Muller, Director 1-17-02 813-251-0388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)