

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045193

1. Entity Name

CLASSIC DESIGNER HOMES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90203 001 ***150.00

02-15-2001 90203 002 *****8.75

61399



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1900 GLADES RD
STE 357
BOCA RATON FL 33431
US

Mailing Address
C/O SANDRA G. KRAWITZ, ESQUIRE
1900 GLADES ROAD, SUITE 357
BOCA RATON FL 33431

2. Principal Place of Business
3111 UNIVERSITY DRIVE
Suite, Apt. #, etc. **SUITE 615**
CORAL SPRINGS, FL 33065

3. Mailing Address
3111 UNIVERSITY DRIVE
Suite, Apt. #, etc. **SUITE 615**
CORAL SPRINGS, FL 33065

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **65-0668815**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRAWITZ, SANDRA G ESQUIRE
C/O SANDRA G. KRAWITZ, ESQUIRE
1900 GLADES ROAD, SUITE 357
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name **(Same)**
Street Address (P.O. Box Number is Not Acceptable)
3111 UNIVERSITY DRIVE
SUITE 615
City **CORAL SPRINGS, FL 33065** **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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAWITZ, HAROLD			NAME			
STREET ADDRESS	1900 GLADES ROAD, SUITE 357			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)