

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 FEB 21 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000099814**

1. Entity Name  
**CLASSIC PROPERTIES OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**2020 WINTER SPRINGS BLVD  
OVIEDO FL 32765  
US**

Mailing Address  
**2020 WINTER SPRINGS BLVD  
~~PO BOX 686537~~  
OVIEDO FL 32765  
US**

2. Principal Place of Business

3. Mailing Address  
**2020 WINTER SPRINGS BLVD**

Suite, Apt. #, etc.

City & State  
**OVIEDO, FL**


City & State

Zip  
**32765**

Country  
**US**

Zip  
**32765**

Country  
**US**



omit P.O. Box  
+ change zip code  
 CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3418682**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, CELITA B  
2020 WINTER SPRINGS BLVD  
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

T SEWARD, DOUGLAS P 2020 WINTER SPGS BLVD. OVIEDO FL 32765	<input type="checkbox"/> Delete
P DAVIS, ALAN D 2020 WINTER SPGS BLVD. OVIEDO FL 32765	<input type="checkbox"/> Delete
S DAVIS, CELITA B 2020 WINTER SPGS BLVD. OVIEDO FL 32765	<input type="checkbox"/> Delete
V SMITH, JULIE E 2060 WINTER SPRINGS BLVD OVIEDO FL 32765	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
700013278687 02/28/03--01068--016 ***150.00	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIG/PA/05 REQUIRED PRESIDENT 1/4/03 407-699-6230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)