

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023994

1. Entity Name

CLASSIC YACHT DESIGN, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90015 005 \*\*\*150.00

Principal Place of Business

311 MARLBOROUGH STREET  
OLDSMAR FL 34677

Mailing Address

311 MARLBOROUGH STREET  
OLDSMAR FL 34677-3107

2. Principal Place of Business

3. Mailing Address

P.O. Box 1276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Oldsmar FL

4. FEI Number 59-3433740

Applied For

Not Applicable

Zip

Country

Zip

Country

34677

U.S.A.

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

— PETTICREW, RICHARD  
311 MARLBOROUGH STREET  
OLDSMAR FL 34677

Name

Petticrew, Richard

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

7206 N. Mobley Road

City

Odessa

FL

Zip Code

33556

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]*

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

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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, 2000 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 PD ☐ Delete  
NAME PETTICREW, RICHARD W  
STREET ADDRESS 7206 N MOBLEY RD  
CITY-ST-ZIP ODESSA FL

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

TITLE VPD ☐ Delete  
NAME MORRISSETTE, MICHAEL R  
STREET ADDRESS 909 WOODLAND DR  
CITY-ST-ZIP PALM HARBOR FL

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

TITLE STD ☐ Delete  
NAME PETTICREW, BEVERLEY J  
STREET ADDRESS 7206 N MOBLEY RD  
CITY-ST-ZIP ODESSA FL

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

TITLE D ☐ Delete  
NAME MORRISSETTE, COLLEEN G  
STREET ADDRESS 909 WOODLAND DRIVE  
CITY-ST-ZIP PALM HARBOR FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

813 520-2126

Daytime Phone #

CR2E034 (9/99)