

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90303 045 ***150.00

DOCUMENT # P97000082347



1. Entity Name
CLASSIC DESIGNS OF PALM BEACH, INC.

Principal Place of Business
**601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401**

Mailing Address
**601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

28059 US 19 North

28059 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300 Suite 300

Suite 300

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Zip

Country

Country

33761

Pineellas

33761

Pineellas

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0791786**

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

**WATSON, WILLIAM L. ESQ.
601 CLEARWATER PARK ROAD
W PALM BEACH FL 33401**

Name

Lowell W. Paxson

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

28059 US 19 North, Suite 300

City

Clearwater

FL

Zip Code

33761

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **PAXSON, LOWELL W**
STREET ADDRESS **780 S OCEAN BLVD**
CITY-ST-ZIP **PALM BCH FL 33480**

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

TITLE **PD** ☐ Delete
NAME **PAXSON, MARLA**
STREET ADDRESS **750 S. OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PD** ☒ Change ☐ Addition
NAME **Paxson, Marla**
STREET ADDRESS **780 S. Ocean Blvd.**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)