

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090494

1. Entity Name
CLASSIC FURNISHINGS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90074 009 ***150.00

Principal Place of Business

222 TEQUESTA DRIVE
TEQUESTA FL 33469
US

Mailing Address

222 TEQUESTA DRIVE
TEQUESTA FL 33469

2. Principal Place of Business

518 N. US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

518 N. US Hwy 1
Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

Zip

33469

Country

Zip

33469

Country

4. FEI Number

65-0811071

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALT, VERA
222 TEQUESTA DRIVE
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

VERA TEGGE

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

518 N. US Hwy 1

City

TEQUESTA

FL

Zip Code

33469

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]

4/9/01

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

TITLE PVST ☐ Delete
NAME MALT, VERA H
STREET ADDRESS 222 TEQUESTA DRIVE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ Delete
NAME MALT, VERA H
STREET ADDRESS 222 TEQUESTA DRIVE
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME VERA TEGGE
STREET ADDRESS 518 N. US Hwy 1
CITY-ST-ZIP TEQUESTA FL 33469

TITLE PVST D ☒ Change ☐ Addition
NAME VERA TEGGE
STREET ADDRESS 518 N. US Hwy 1
CITY-ST-ZIP TEQUESTA, FL 33469

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

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

TITLE ☐ Change ☐ Addition
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

VERA TEGGE

4/9/01

Date

561-575-7107

Daytime Phone #

CR2E034 (10/00)