

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 12, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000089795****1. Entity Name**  
CLASSIC STAINGLASS, INC.

<b>Principal Place of Business</b> 3780 SPECKLED PERCH LANE  KISSIMMEE FL 34743	<b>Mailing Address</b> 3780 SPECKLED PERCH LANE  KISSIMMEE FL 34743
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 1970 E. OSCEOLA PKWY PMB 324
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Suite, Apt. #, etc.

Suite, Apt. #, etc.  
PMB 324

City &amp; State

City & State  
KISSIMMEE FL

Zip Country

Zip Country  
34743**4. FEI Number**  
**59-3542333**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**OWEN RAMSAY CLAUDETTE  
3780 SPECKLED PERCH LANE  
  
KISSIMMEE FL 34743**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.****SIGNATURE CLAUDETTE OWEN RAMSAY****09/12/2000**

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, 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**

TITLE	PO	<input type="checkbox"/> Delete
NAME	OWEN RAMSAY CLAUDETTE	
STREET ADDRESS	3780 SPECKLED PERCH LANE	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Claudette Owen Ramsey

PO 09/12/2000