

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002004

1. Entity Name

CLASSIC AUTO & MARINE INTERIORS, INC.

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90015 003 ***550.00

Principal Place of Business

~~13712 66TH STREET N #16~~
~~LARGO, FL 33771~~
6098-150th Ave. N.
Clearwater, FL 33760

Mailing Address

~~13712 66TH STREET N #16~~
~~LARGO, FL 33771~~
6098-150th Ave. N.
Clearwater, FL 33760

2. Principal Place of Business

6098-150th AVE. N.

3. Mailing Address

6098-150th AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3552160

Applied For

Not Applicable

Zip

33760

Country

Pinellas

Zip

33760

Country

Pinellas

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

STRICKLAND, JAMES W

~~13712 66TH STREET N #16~~
~~LARGO, FL 33771~~
6098-150th Ave. N.
Clearwater, FL 33760

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS STRICKLAND, JAMES W
CITY-ST-ZIP ~~13712 66TH STREET N #16~~ 6098-150th AVE. N.
LARGO FL 33771 Clearwater, FL 33760

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

TITLE ☐ Delete
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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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Strickland 9-8-2000 / 727-532-7720
Date Daytime Phone #

CR2E034 (5/00)