2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P99000010630 1. Entity Name CLASSIC ART SUPPLY HOUSE INC. 04-13-2001 90091 004 ***150.00 Principal Place of Business Mailing Address 1585 GRETCHEN AVENUE SOUTH 1585 GRETCHEN AVENUE SOUTH LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0891774 City & State Not Applicable Country \$8.75 Additional Zip П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PFEIFFER, JOHANN M Street Address (P.O. Box Number is Not Acceptable) 1585 GRETCHEN AVENUE SOUTH LEHIGH ACRES FL 33971 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE PFEIFFER, JOHANN NAME NAME 1585-I GRETCHEN AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 CITY-ST-7IP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 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 true 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 advess, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dato

Dato

Dato

Dato

Date

Da