

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021935

1. Entity Name
CLASSIC HARDWOODS, INC.

Principal Place of Business
2931 HAVENDALE BLVD.
WINTER HAVEN FL 33881

Mailing Address
2931 HAVENDALE BLVD.
WINTER HAVEN FL 33881

2. Principal Place of Business
26 Spirit Lake rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Haven, FL
Zip
33880
Country
USA

City & State
Zip
Country

DO NOT WRITE IN THIS SPACE
02/19/01 90059 025 \$150.00
4. FEI Number 59-3562648

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, KEVIN
217 1/2 MAIN STREET
AUBURDALE FL 33823

7. Name and Address of New Registered Agent
Name Kevin Cochran
Street Address (P.O.-Box Number is Not Acceptable)
26 Spirit Lake rd.
City Winter Haven FL Zip Code 33880

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  KEVIN COCHRAN

10-11-01
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 \$550.00
After September 12, 2001 Fee 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

TITLE D
NAME COCHRAN, KEVIN
STREET ADDRESS 109 W. JULIAN WAY
CITY-ST-ZIP AUBURDALE FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Kevin Cochran ☒ Change ☐ Addition
STREET ADDRESS 26 Spirit Lake rd
CITY-ST-ZIP Winter Haven, FL 33880

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

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

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

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

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

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

10-11-01 863-294-9605
Date Daytime Phone #

FILED

01 NOV -5 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



192

9888800
AV

CR2E034 (5/01)

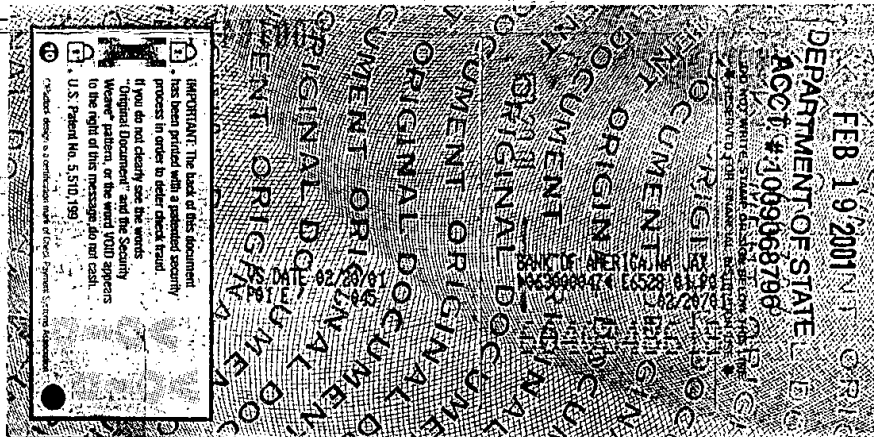
10-11-01

292

We have filed our return on time, but still have received cancellation notice. They said we should have received some type of paper work but never did, so am resending a new report as instructed.

Thank you

Ken



We have never received a letter dated 2-21-01 from you office so we have been instructed to resubmit as per Mankita Williams we asked that the 600- fee be waived because payment was accepted

Thank you
Ken

CLASSIC HARDWOODS INC.
2931 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

00018427

6777

Date 2-16-01

65-27/6319/1021

Pay to the order of

Division of Corporation

\$ 150

Dollars

Bank of America



ACH R/T 003100277

For

1069068796 00018427 6777 10000015000