

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90173 041 ***150.00

DOCUMENT # P99000098130

1. Entity Name

CLASSIC PROCESS EQUIPMENT, INC.

Principal Place of Business

**5095 S. LAKE LAND DR.
 LAKE LAND FL 33813**

Mailing Address

**PO BOX 6187
 LAKE LAND FL 33807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609726

Applied For

Not Applicable

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

WARREN, SHAWN

**5151 S. LAKE LAND DR., STE. 4
 LAKE LAND FL 32708**

Name

Warren, Shawn

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

5095 S. Lakeland Dr.

City

Lakeland

FL

Zip Code

33813

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D WARREN, SHAWN**
 STREET ADDRESS **5151 S. LAKE LAND DR., STE. 4**
 CITY-ST-ZIP **LAKE LAND FL 32708**

TITLE ☒ Change ☐ Addition
 NAME **D Warren, Shawn**
 STREET ADDRESS **3125 Winged Foot Drive**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE ☐ Delete
 NAME **D LEVINE, JAMES**
 STREET ADDRESS **13402 AQUILINE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☒ Change ☐ Addition
 NAME **D Levine, James**
 STREET ADDRESS **136 Rivermarsh Drive**
 CITY-ST-ZIP **Ponte Vedra FL 32082**

TITLE ☐ Delete
 NAME **D FILLMORE, DARYL**
 STREET ADDRESS **417 BONESET BRANCH**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☒ Change ☐ Addition
 NAME **D Fillmore, Daryl**
 STREET ADDRESS **412 Kentucky Branch Lane**
 CITY-ST-ZIP **Jacksonville FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

Shawn Warren 4/19/02 863-644-3642

CR2E034 (9/01)