

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099118

1. Entity Name

CLASSIC COACH WORKS, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90317 024 ***150.00

Principal Place of Business

3200 REYNOLDS ROAD
BAYS 1-3
LAKELAND FL 33803

Mailing Address

5717 HEBRON LN.
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

3020 Reynolds Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bays 1-3

City & State

City & State

Lakeland, FL

Zip

Country

33803

Zip

Country

33803

4. FEI Number 59-3607832

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

BATEMAN, JAMES E

5717 HEBRON LN.

LAKELAND FL 33813

Name

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

3020 Reynolds Rd. Bays 1-3

City

Lakeland

FL

Zip Code

33803

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, 2001 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 P
NAME HOLLIDA, LEON S
STREET ADDRESS 5717 HEBRON LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3020 Reynolds Rd. Bays 1-3
CITY-ST-ZIP Lakeland, FL 33803

TITLE ST
NAME BATEMAN, JAMES E
STREET ADDRESS 5717 HEBRON LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE Executive Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS 3020 Reynolds Rd. Bays 1-3
CITY-ST-ZIP Lakeland, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James S. Bateman Executive Vice President 1/26/01 (863) 510-0017

CR2E034 (10/00)