

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90410 006 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70052995

DOCUMENT # S64827			
1. Entity Name CLASSY ANGEL, INC.			
Principal Place of Business 301 E HWY 434 LONGWOOD, FL 32750		Mailing Address 301 E HWY 434 LONGWOOD, FL 32750	
2. Principal Place of Business 935 WEKIVA SPRINGS RD		3. Mailing Address 935 WEKIVA SPRINGS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Longwood, FL		City & State Longwood, FL	
Zip 32779		Country U.S.A	
4. FEI Number 59-3082780		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent HYNICK, JAMES J. 301 E. SR 434 LONGWOOD, FL 32760		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature Required when changing) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
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Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all over like empowered.			
SIGNATURE: James J. Hynick		4/27/03 (407)339-3524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	