

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90082 028 ***150.00

DOCUMENT # P98000039509

1. Entity Name
CIMBA CLASSICS INC.

Principal Place of Business 1 EDINBURGH DR. HAINES CITY FL 33844	Mailing Address 1 EDINBURGH DR. HAINES CITY FL 33844-6203
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2. Principal Place of Business 311 BURRISVILLE RD.	3. Mailing Address P.O. Box 74
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CENTREVILLE, MD.	City & State CENTREVILLE, MD.
Zip 21617	Zip 21617
Country QAC	Country QAC

4. FEI Number **65-0837952**

Applied For
Not Applicable

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

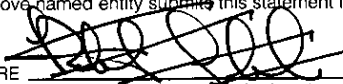
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIMBA, ROBERT J
1 EDINBURGH DR.
HAINES CITY FL 33844

Name **ROBERT J. CIMBA**
 Street Address (P.O. Box Number is Not Acceptable)
311 BURRISVILLE RD.
 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.

SIGNATURE 

DATE **4-5-00**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D CIMBA, MICHAEL JR 1 EDINBURGH DR. HAINES CITY FL 33844	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D CIMBA, ROBERT J P.O. BOX 238 CENTREVILLE MD 21617	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D CIMBA, FRANCIS M 112 MARCEDAS ST. JOHNSTOWN PA 15904	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 **4-5-00** Daytime Phone # **410-758-2509**

CR2E034 (9/99)