

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

0128219 AT

**DOCUMENT # 335447**

1. Entity Name  
**CLASSIC OLDSMOBILE, INC.**

08-13-2001 90095 024 \*\*\*550.00

Principal Place of Business  
**8300 RADIO ROAD**  
**P.O. BOX 9949**  
**NAPLES FL 33941**

Mailing Address  
**8300 RADIO ROAD**  
**P.O. BOX 9949**  
**NAPLES FL 33941**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1218773** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GALLMAN, WILLIAM K JR**  
**4940 TAMARIND RIDGE DRIVE**  
**NAPLES FL 34119**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6561 CHESTNUT CIRCLE**  
 City **NAPLES** FL Zip Code **34109**

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 (NOTE: Registered Agent signature required when reinstating) DATE **7/12/01**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GALLMAN, WILLIAM K</b> <b>6340-1 RATTLESNAKE HAMMOCK RD</b> <b>NAPLES, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6561 CHESTNUT CIRCLE</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD</b> <b>GALLMAN, WILLIAM K JR</b> <b>4940 6 AVE SW</b> <b>NAPLES, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/D</b> <b>6561 CHESTNUT CIRCLE</b> <b>NAPLES, FL 34109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KEY, SHARON A</b> <b>1261 16TH AVE, S.W.</b> <b>NAPLES, FL 00000</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S/T</b> <b>EMILY C. MOZINGO</b> <b>3061 SANDPIPER BAY CIRCLE J303</b> <b>NAPLES, FL 34112</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<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: **WILLIAM K GALLMAN JR** 7/12/01 572-1192  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)