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## EII ED

DOCUMENT # 553372  1. Entity Name  CLASSIC CAR CO.					Apr 24, 2000 8:00 an Secretary of State 04-24-2000 90016 042 ***150.00	
STE. 202		Mailing Address PO BOX 1720 WINTER PARK FL 32790-1720 US			C0(	70197
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN TH	IS SPACE
SUITE City & State MAIT	ANN EL	City & State		<b>4.</b> F	FEI Number 59-1791199	Applied For Not Applicable
3 <sup>Zip</sup> 3275	Country  6. Name and Address of Current R	Zip	Country		Certificate of Status Desired  Name and Address of New Registere	\$8.75 Additional Fee Required
STE. ORLA  8. The above SIGNATURE _  9. This corporate Articles are also seen and a seen are also seen also seen are also seen also seen are also seen are also seen are also seen also seen also seen a	E PINE ST 1200 ANDO FL 32802  named entity submits this statement for  R: Land Rand Signature, typed or printed name of registered agent ar ration is eligible to satisfy its Intangible	d title if applicable. (NOTE:	egistered office of Richard M. Registered Agent signat	ANDO, registered ag: Robinson ure required when re	ent, or both, in the State of Florida.	Zip 32801  /6/00  \$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DI		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St RECTORS		t of State	Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICERS A	Added to Fees  ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CYY-ST-ZIP	PSD HOLLER, ROGER W. JR 500 PARK AVE. S., STE. 202 WINTER PARK FL VD HOLLER, ROGER W. III 500 PARK AVE S., STE. 202 WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 S MAITL 301 S	ORLANDO AVE., S AND, FL 327 ORLANDO AVE. AND, FL 3275	Change Addition  SUITE 200  SSI  Change Addition  SUITE 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLER, CHRISTOPHER A 500 PARK AVE S., STE. 202 WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 S	. ORLANDO AVE., AND, FL 327	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOLLER, JULIETTE E 500 PARK AVE S., STE. 202 WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 S	THE E. HOLLER- ORLANDO AVE AND, FL 327	,,501TE 200
TITLE		Delete	TITLE	i		☐ Change ☐ Addition

CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee error changed, or on an attachment with an address. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 whered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

**2000 UNIFORM BUSINESS REPORT (UBR)** 

4.12.00

Daytime Phone #

☐ Change

Addition