2002 UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR)
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DOCUMENT # G88399  1. Entity Name  CLASSIC LINES, INC.					APPROVED AND FILED 02 FEB -8 PM 3: 36					
Principal Place of Business  1171 S.E. 10TH AVENUE HIALEAH FL 33010-5842  2. Principal Place of Business  Suite, Apt. #, etc.		Mailing Address ONE RIVERWAY STE 500 HOUSTON TX 77056 US 3. Mailing Address			SECRETARY OF STATE FALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE					
		Suite, Apt. #, etc.	Suite, Apt. #, etc.							
City & Stat	ate	City & State		4	4. FEI Numbe	59-23877	'85		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	of Status Desired	d 🗆	\$8.75 Ad	Iditional	
	6. Name and Address of Current	Registered Agent	Nam		7. Name and	Address of Nev	w Registered			
CORPORATION SERVICE COMPANY 1201 HAYS STREET						(P.O. Box Number is Not Acceptable)				
TALLAHA	ASSEE FL 32301		City	<del>,</del> ,			Fl	Zip Cod	de	
	e named entity submits this statement fo	r the purpose of changing its	s registered offic	e or registered	agent, or both	n, in the State of	i Florida.			
GIGNATURE  This corporate the corporate that filling is a content of the corporate that the corporate is a corporate that the corporate is a corporate in the corporate is a corporate in the corporate in the corporate is a corporate in the corpo	Signature, typed or printed name of registered agent portation is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal	TE: Registered Agent si 1!! FEE IS \$1: 102 Fee will be ble to Departm	ignature required who 50.00 • \$550.00 nent of State	10. Elec	ction Campaign st Fund Contribu	DATE Financing ution.	Adde	<b>00</b> May Be	
SIGNATURE .  9. This corporate filing is	Signature, typed or printed name of registered agent to reaction is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal	E: Registered Agent si	ignature required who 50.00 \$ \$550.00 nent of State	10. Elec Trus ADDITIONS/O	etion Campaign st Fund Contribu CHANGES TO C	Financing Lition. [	☐ Adde  D DIRECTOR  ☐ Change	d to Fees	
9. This corpt Tax filing (See criter  1. ITLE AME TREET ADDRESS	Signature, typed or printed name of registered agent proration is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND  DVPS LONGO, ROBERT ONE RIVER WAY, STE 500	and title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal DIRECTORS	III FEE IS \$1: 002 Fee will be be to Departm 12. TITLE NAME STREET ADDRE	ignature required who 50.00 9 \$550.00 nent of State  D7 DAU TORRESSS	10. Elec Trus ADDITIONS/O	ction Campaign st Fund Contribu CHANGES TO C	Financing ution. [	☐ Adde  D DIRECTOR  ☐ Change	d to Fees	
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IGNATURE  Tax filing i (See criter  T.  TILE  AME  TREET ADDRESS  TY-ST-ZIP  TILE  TY-ST-ZIP  TILE  TY-ST-ZIP  TILE  TY-ST-ZIP  TILE  TY-ST-ZIP  TILE  TREET ADDRESS  TY-ST-ZIP  TILE  TREET ADDRESS  TY-ST-ZIP  TREET  TREET ADDRESS  TY-ST-ZIP  TREET  TREET	Signature, typed or printed name of registered agent proration is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND  DVPS LONGO, ROBERT ONE RIVER WAY, STE 500 HOUSTON TX 77056  ACS ROSECRANS, SHAYNE A ONE RIVERWAY, STE 500 HOUSTON TX 77056-1921  D BELL, LINDA ONE RIVERWAY, STE 500	And title if applicable. (NOT FILE NOW After May 1, 20 Make Check Payal DIRECTORS Delete	III FEE IS \$1:  102 Fee will be ble to Departm  12.  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE  STREET ADDRE	ignature required who 50.00 \$ \$550.00 nent of State  DAU TONE HOU	10. Elec Trus ADDITIONS/O RIVEN	etion Campaign st Fund Contribu CHANGES TO C	Financing Lition. [I	☐ Adde ☐ DIRECTOR ☐ Change ☐ Change	d to Fees  RS IN 11  Addition  Addition	
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SIGNATURE: MOSLOVOM STORME A. ROSECTONS 012302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date



ACCOUNT NO. : 072100000032

REFERENCE

419083 711,1

AUTHORIZATION

1,11,1512

COST LIMIT : \$ 150

ORDER DATE : February 7, 2002

ORDER TIME : 12:20 PM

ORDER NO. : 419083-135

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans

Coach Usa One Riverway Suite 500

Houston, TX 770561903

## ANNUAL REPORT FILING

NAME: CLASSIC LINES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXTHILL BUSINESS OF THE PROPERTY OF THE PROPE

: ZJAITINI Z NANIMAXALE

02 FEB -8 PN 3-21.

**BECEINED**