2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am **DOCUMENT # J97125 Secretary of State** 1. Entity Name CLASSIC INVESTMENTS OF SOUTHWEST FLORIDA. INC. 03-06-2001 90356 002 ***158.75 Principal Place of Business Mailing Address 5000 WOODFIELD DRIVE % WAYNE A. WHITE ROTONDA WEST FL 33947 1010 BAYSHORE DRIVE ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 59-2866385 City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, WAYNE A. ** Street Address (P.O. Box Number is Not Acceptable) 1010 BAYSHORE DRIVE ENGLEWOOD FL 34223 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition TITLE ☐ Delete WHITE, WAYNE A. NAME NAME 1010 BAYSHORE DR. STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition PIECIAK, JOSEPH NAME NAME **4 PARK PLACE** STREET ADDRESS STREET ADDRESS **BRATTLEBORG VT** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE WHITE, CRISTINE A. NAME 1010 BAYSHORE DR. STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL** CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

2/27/01

1100-882-11-10

Daytime Phone #

CR2E034 (10/00)