## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # L73351** Jan 19, 2000 8:00 am **Secretary of State** CLASSIC CONTRACTORS UNLIMITED, INC. 01-19-2000 90131 034 \*\*\*150.00 Mailing Address Principal Place of Business 1214 NELA AVE 1214 NELA AVE ORLANDO FL 32809-6118 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3014253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACKETT, ALAN E Street Address (P.O. Box Number is Not Acceptable) 1214 NELA AVE ORLANDO FL 32809 Zip Code FL 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. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE HACKETT, ALAN E NAME 1214 NELA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE HACKETT, MELISSA ANN NAME NAME 1214 NELA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL CITY-ST-ZIP Addition ☐ Change Delete TITLE TITI F HACKETT, ALFRED E NAME NAME 1214 NELA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE HACKETT, RICHARD A NAME NAME 1214 NELA AVE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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: Molisia A Hackett Sec Trea 11-00 (407)859-9461