2000 UNIFORM BUSINESS REPORT (UBR)

1/27/00-90093-035-$61.25-$61.25

DOCUMENT # N95000004904

1. Entity Name

CLASSY CHASSYS OF MARION COUNTY, INC.

FILED
00 MAR -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
4265 S.E. 60TH STREET OCALA FL 34480 US	4265 S.E. 60TH STREET OCALA FL 34480-7777 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1407 SE 9 AVE	1407 SE 9 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA Fla	City & State: OCALA Fl
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. FEI Number: 59-3356254 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACQUARRIE, CHRISTOHER J 2303 S.E. 17TH STREET SUITE 201 OCALA FL 34471	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JARDINE, MELANIE 4265 S.E. 60TH STREET OCALA FL 34480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P (D) Tom MARKferding 2010 SE 33 ST OCALA FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARKFERDING, SUE 2010 S.E. 33 STREET OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S (D) Sue MARKferding 2010 SE 33 ST OCALA, FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MULLETT, SUZIE 5560 S.E. 22ND PLACE OCALA FL 34471	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-D STANley SKOURONSKY 1407 SE 9 AVE OCALA, FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RENAUD, JAIME 6013 S.E. 21ST COURT OCALA FL 34480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T (T) LISA SKOURONSKY 1407 SE 9 AVE OCALA FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE P. Kinsley TREAS 1/10/2000 352 620-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #