

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90410 023 \*\*\*\*61.25

**DOCUMENT # N95000004904**

1. Entity Name

**CLASSY CHASSYS OF MARION COUNTY, INC.**

Principal Place of Business

1407 S.E. 9TH AVE  
 Ocala FL 34471  
 US

Mailing Address

1407 S.E. 9TH AVE  
 Ocala FL 34471  
 US

2. Principal Place of Business

1084 S.E. 56<sup>th</sup> Court

Suite, Apt. #, etc.

3. Mailing Address

1084 S.E. 56<sup>th</sup> Court

Suite, Apt. #, etc.

City & State

Ocala Fla

City & State

Ocala FLA

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

MACQUARRIE, CHRISTOHER J  
 2303 S.E. 17TH STREET  
 SUITE 201  
 Ocala FL 34471

7. Name and Address of New Registered Agent

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

TITLE PD  
 NAME MARKFERDING, TOM ☐ Delete  
 STREET ADDRESS 2010 S.E. 33RD ST  
 CITY-ST-ZIP Ocala FL 34471

TITLE SD  
 NAME MARKFERDING, SUE ☒ Delete  
 STREET ADDRESS 2010 S.E. 33RD ST  
 CITY-ST-ZIP Ocala FL 34471

TITLE VD  
 NAME GRIMES, TOM ☐ Delete  
 STREET ADDRESS 1084 SE 56 CT  
 CITY-ST-ZIP Ocala FL 34471

TITLE T  
 NAME SKOVRONSKY, LISA ☒ Delete  
 STREET ADDRESS 1407 S.E. 9TH AVE  
 CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
 NAME Secretary  
 STREET ADDRESS Melanie Jaedine  
 CITY-ST-ZIP 4265 S.E. 60<sup>th</sup> Street  
 Ocala, FL 34480

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
 NAME Treasurer  
 STREET ADDRESS Pamela Grimes  
 CITY-ST-ZIP 1084 SE 56<sup>th</sup> Court  
 Ocala, FL 34471

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

(352)

694-4319

Daytime Phone #

CR2E037 (9/01)