

2002 UNIFORM BUSINESS REPORT (UBR)

0013269 AV

DOCUMENT # P01000017730

1. Entity Name
CLASSIQUE COMMUNICATIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

Principal Place of Business

668 N PINE HILLS ROAD
ORLANDO FL 32808

Mailing Address

668 N PINE HILLS ROAD
ORLANDO FL 32808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 N. PINE HILLS RD

3. Mailing Address

1000 N. PINE HILLS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-37011011

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAU, LIONEL
606 TAMPA AVE SUITE F
ORLANDO FL 32805

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LIONEL NAU E

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-02-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME NAU, LIONEL
STREET ADDRESS 668 N PINE HILLS ROAD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE SD
NAME SERGILE, RAOUL
STREET ADDRESS 668 N PINE HILLS ROAD
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE TD
NAME CELESTE, ARNOLD
STREET ADDRESS 668 N PINE HILLS ROAD
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE
NAME HUBERT LABEE
STREET ADDRESS 112
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME HUBERT LABEE
STREET ADDRESS 1125 Cherry Valley Way
CITY-ST-ZIP ORLANDO FL 32828 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE: Marye H. McGuire (Secretary)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-02-02

Date

Daytime Phone #

CR2E034 (4/02)