

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 018 ***150.00

| | |
|--------------------------------|--|
| DOCUMENT # 705000165980 | |
| 1. Entity Name | |
| REUNION CLASSICS | |

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 7465 CARRIAGE SIDE CT Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State JACKSONVILLE, FL | City & State |
| Zip 32256 | Country USA |

50006459

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 57-1225961 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|-----------------------------------|--|----------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| | | | |
|--|---|--|-----------------------------------|
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OWNER MARK A MANGICARO 7465 CARRIAGE SIDE CT JACKSONVILLE FL 32256 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A MANGICARO OWNER

2/28/2006

Date

(904) 993-9501

Daytime Phone #