

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90184 042 ***150.00

05/01/2002 AT

DOCUMENT # P22765

1. Entity Name
CLASSIC MARCITE, INC.

Principal Place of Business

**430 FAIRVILLE ROAD
 ORLANDO FL 32808
 US**

Mailing Address

**15120-A SOUTHLAWN LANE
 ROCKVILLE MD 20850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1587658

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	YEAMAN, THOMAS S.	430 FAIRVILLE ROAD ORLANDO FL	☐ Delete					☐ Change ☐ Addition
	VST	WILCOXON, JAMES W.	15120-A SOUTHLAWN LANE ROCKVILLE MD	☐ Delete					☐ Change ☐ Addition
	D	WILCOXON, JAMES W.	15120-A SOUTHLAWN LANE ROCKVILLE MD	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 (301) 340-6393
 Date Daytime Phone #

CR2E034 (9/01)