

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**  
 02-13-2001 90059 001 \*\*\*150.00

**DOCUMENT # P94000024922**

1. Entity Name  
**CLASSIC HEAVEN, INC.**

Principal Place of Business <b>5211 SOUTH WASHINGTON AVENUE                  TITUSVILLE FL 32780</b>	Mailing Address <b>5211 SOUTH WASHINGTON AVENUE                  TITUSVILLE FL 32780</b>
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2. Principal Place of Business <b>11 A. Max Brewer Pkwy</b> Suite, Apt. #, etc. <b>Suite B</b>	3. Mailing Address <b>P O Box 2668</b> Suite, Apt. #, etc.
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City & State <b>Titusville, Florida</b>	City & State <b>Titusville, FLorida</b>
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Zip <b>32796</b>	Country <b>USA</b>	Zip <b>32781</b>	Country <b>USA</b>
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4. FEI Number <b>59-3232592</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INOCHOVSKY, ROMAN  
 5211 S WASHINGTON AVENUE  
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>11 A. Max Brewer Pkwy., Suite B</b>	
City <b>Titusville</b>	Zip Code <b>FL 32796</b>

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  **Roman Inochovsky** **2-8-01**  
(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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PATCH, GLENN E. 5211 S. WASHINGTON AVE. TITUSVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO INOCHOVSKY, ROMAN 5211 S. WASHINGTON AVE. TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PORTER, VIRGINIA 5211 S WASHINGTON AVENUE TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 A. Max Brewer Pkwy., Suite B Titusville, FL 32796</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 A. Max Brewer Parkway, Suite B Titusville, FL 32796</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 A. Max Brewer Parkway, Suite B Titusville, FL 32796</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Roman Inochovsky** **2-8-01 321-383-2115**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)