

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014981

1. Entity Name

CLASSIC FINANCIAL SYSTEMS, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90008 031 \*\*\*158.75

Principal Place of Business

2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308

Mailing Address

2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308-3788

2. Principal Place of Business

2804 REMINGTON GREEN CIRCLE

3. Mailing Address

2804 REMINGTON GREEN CIRCLE

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

TALLAHASSEE

City & State

TALLAHASSEE

Zip

32308

Country

LEON

Zip

32308

Country

LEON

4. FEI Number

59-3297957

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

KARNIK, JAYANT D  
2851 REMINGTON GREEN CIRCLE  
SUITE C  
TALLAHASSEE FL 32308

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, 2000 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 D ☐ Delete  
NAME KARNIK, JAYANT  
STREET ADDRESS 1535 PAUL RUSSELL  
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE D ☐ Delete  
NAME WADE, WILLIAM W  
STREET ADDRESS 8112 BLUE QUILL TRL  
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE C ☐ Delete  
NAME DUGGAN, CHARLES  
STREET ADDRESS 8847 WINGED FOOT DR  
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: Jayant D. Karnik 1-14-2000 850 385 8484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)