

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014981

1. Entity Name

CLASSIC FINANCIAL SYSTEMS, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90034 004 ***158.75

Principal Place of Business

2804 REMINGTON GREEN CIRCLE
SUITE 1
TALLAHASSEE FL 32308

Mailing Address

2804 REMINGTON GREEN CIRCLE
SUITE 1
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3297957

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$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

Jayant D. Karnik

Street Address (P.O. Box Number is Not Acceptable)

2804 Remington Green Circle
Suite 1

City

Tallahassee

FL

Zip Code

32308

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

04/26/01

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

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 Duggan, Charles
STREET ADDRESS 1958 Massachusetts Avenue
CITY-ST-ZIP McLean, VA 22101

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

385-8484

Daytime Phone #

CR2E034 (10/00)