

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90017 020 ***150.00

DOCUMENT # P95000019610

1. Entity Name

CLASSIC EXPORTS, INC.

Principal Place of Business

Mailing Address

**229 RIDGEWOOD AVE
HOLLY HILL FL 32114
US**

**229 RIDGEWOOD AVE
HOLLY HILL FL 32117-4956
US**

2. Principal Place of Business

3. Mailing Address

1575 AVIATION CENTER

1575 AVIATION CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

414

414

City & State

City & State

DAYTONA BEACH, FL

DAYTONA BEACH, FL

Zip

Country

Zip

Country

32114

USA

32114

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKARGEE, NAIEM H
229 RIDGEWOOD AVE
HOLLY HILL FL 32117**

Name

SKARGEE, NAIEM H.

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

1575 AVIATION CENTER

414

City

DAYTONA BEACH

FL

Zip Code

32114

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 **PD** ☐ Delete
NAME **SKARGEE, NAIEM H**
STREET ADDRESS **229 RIDGEWOOD AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **PD** ☒ Change ☐ Addition
NAME **SKARGEE, NAIEM H**
STREET ADDRESS **1575 AVIATION CENTER #414**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **VSTD** ☐ Delete
NAME **ELTEMTAMY, AHMED S**
STREET ADDRESS **229 RIDGEWOOD AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **VSTD** ☒ Change ☐ Addition
NAME **ELTEMTAMY, AHMED S.**
STREET ADDRESS **1575 AVIATION CENTER #414**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

NAIEM H. SKARGEE

Date

2/21/00

Daytime Phone #

(904) 257-1666

CR2F034 (9/99)