

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90007 048 ***150.00

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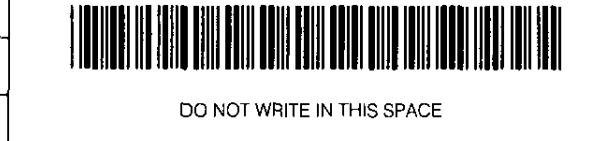
DOCUMENT # P96000059718

1. Entity Name
CLASSIC SOLUTIONS INC.

Principal Place of Business 13158 HEATHER RIDGE LOOP FT MYERS FL 33912 US	Mailing Address 13158 HEATHER RIDGE LOOP FT MYERS FL 33912 US
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2. Principal Place of Business 1951 COLONIAL BLVD.	3. Mailing Address 1951 COLONIAL BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33907 Country US	Zip 33907 Country US



6. Name and Address of Current Registered Agent

**CHANDOK, MANOJ
 13158 HEATHER RIDGE LOOP
 FORT MYERS FL 33912**

4. FEI Number **65-0681397**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
Same
 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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANDOK, MANOJ 13158 HEATHER RIDGE LOOP FT MYERS FL 33912	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Manoj Chandok* **(MANOJ CHANDOK)** Date: **4/25/01** Daytime Phone #: **941-938-1444**

CR2E034 (10/00)