

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90003 041 \*\*\*150.00

**DOCUMENT # P96000059953**

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

Principal Place of Business

Mailing Address

370 SOUTHWEST 35 AVENUE  
 BEACH FL 33442

370 SOUTHWEST 35 AVENUE  
 DEERFIELD BEACH FL 33442-2374

2. Principal Place of Business

3. Mailing Address

1281 SE 5 Avenue  
 Suite, Apt. #, etc.

1281 SE 5 Avenue  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Pompano Bch, FL

City & State  
 Pompano Bch, FL

4. FEI Number **65-0682126**

Applied For  
 Not Applicable

Zip  
 33060 Country  
 Broward

Zip  
 33060 Country  
 Broward

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

**JOBBITT, DOREEN**  
**370 SW 35TH AVE**  
**DEERFIELD BEACH FL 33442**

Name **Doreen Jobbitt**

Street Address (P.O. Box Number is Not Acceptable)  
**1281 SE 5 Avenue**

City  
 Pompano Beach FL Zip Code  
 33060

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 **Doreen Jobbitt, President - Doreen Jobbitt** DATE **4/10/2000**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JOBBITT, DOREEN JEAN 370 SOUTHWEST 35 AVENUE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **Doreen Jobbitt, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/2000** Daytime Phone # **954-752-8660**