

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028525

1. Entity Name

CLASSIC ENGINEERING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90129 047 ***150.00

Principal Place of Business

5151 S. LAKELAND DRIVE
 LAKELAND FL 33813

Mailing Address

5151 S. LAKELAND DRIVE
 LAKELAND FL 33813-2518

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 6187

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33807

Country

4. FEI Number

59-3437598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARREN, SHAWN
 722 SAGEWOOD DRIVE
 LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

TITLE VP
 NAME WARREN, SHAWN
 STREET ADDRESS 722 SAGEWOOD DR
 CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE P
 NAME LEVINE, JAMES
 STREET ADDRESS 13402 AQUILINE DR
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
 NAME Fillmore, Daryl
 STREET ADDRESS 417 Boneset Branch
 CITY-ST-ZIP Jacksonville FL 32259 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: Shawn Warren 4/20/00 (863) 644-3642
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)