

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028525

1. Entity Name

CLASSIC ENGINEERING, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90043 014 ***150.00

Principal Place of Business

5151 S. LAKELAND DRIVE
LAKELAND FL 33813

Mailing Address

PO BOX 6187
LAKELAND FL 33807

2. Principal Place of Business

5095 S. Lakeland Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number 59-3437598

Applied For

Not Applicable

Zip

33813

Country

US

Zip

Country

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

WARREN, SHAWN
722 SAGEWOOD DRIVE
LAKELAND FL 33813

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

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

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

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

TITLE D
NAME FILLMORE, DARYL
STREET ADDRESS 417 BONESET BRANCH
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawn Warren 4/24/01 (863) 644-3642

Date

Daytime Phone #

0376289

CR2E034 (10/00)