

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90173 038 ***150.00

DOCUMENT # P97000028525

1. Entity Name
CLASSIC ENGINEERING, INC.

Principal Place of Business

5095 S. LAKELAND DR
LAKELAND FL 33813

Mailing Address

PO BOX 6187
LAKELAND FL 33807

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3437598

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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 **Warren, Shawn**

Street Address (P.O. Box Number is Not Acceptable)
5095 S. Lakeland Dr.

City **Lakeland** **FL** Zip Code **33813**

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, 2002 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** ☐ Delete
 NAME **WARREN, SHAWN**
 STREET ADDRESS **722 SAGEWOOD DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **Warren, Shawn**
 STREET ADDRESS **3125 Winged Foot Drive**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **P** ☒ Change ☐ Addition
 NAME **Levine, James**
 STREET ADDRESS **136 Rivermarsh Drive**
 CITY-ST-ZIP **Ponte Vedra FL 32082**

TITLE **D** ☒ Change ☐ Addition
 NAME **Fillmore, Daryl**
 STREET ADDRESS **412 Kentucky Branch Lane**
 CITY-ST-ZIP **Jacksonville FL 32259**

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

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

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

Date

Daytime Phone #

Shawn Warren 4/10/02 863-644-3642

CR2E034 (9/01)