2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P98000050808** Mar 28, 2000 8:00 am **Secretary of State** J B CLASSIC, INC. 03-28-2000 90080 025 ***150.00 Principal Place of Business Mailing Address 4542 E. BUSINESS 98 4542 E. BUSINESS 98 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address 211 NOWARY ELLA AVE 21) N MARY ELLA AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE √Gity & State 4. FEI Number Applied For 59-3518999 ANAM X Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent DAUPHN, MONTE Street Address (P.O. Box Number is Not Acceptable) 6608 E HWY 22 ARY ELLA AVE. PANAMA CITY FL 32404 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE TITLE ☐ Delete BLAIR, JOEY NAME NAME STREET ADDRESS STREET ADDRESS 4542 E BUSINESS 98 CITY-ST-ZIP CITY-ST-7IP PANAMA CITY FL 32404 Addition Delete TITLE TITLE BLAIR, JOEY 311 N. MARY ELLA AVE. CHURCHWELL, LARRY NAME NAME 6608 E HVAX 22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 PANAMA CITY PL-32404 CITY-ST-7IP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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