**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000072422 1. Entity Name CLASSIC CAR RESTORATION AND SERVICE CENTER, INC. 04-26-2001 90274 013 \*\*\*158.75 Principal Place of Business Mailing Address 440 S. PINELLAS AVE 440 S. PINELLAS AVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 645184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3529899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRATESI, EMIL G Street Address (P.O. Box Number is Not Acceptable) 1253 PARK ST. CLEARWATER FL 33756 City Zin 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, typod or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) CEO TITLE ☐ Change Addition TITLE ☐ Delete WISEMAN, ALBERT D NAME NAME STREET ADDRESS 2270 N. HIGHLAND STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZiP TARPON SPGS FL 34689 TITLE PS ☐ Delete THILE Change Addition BRAND, JAMES R NAME NAME STREET ADDRESS 1015 HIAWATHA PL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLIDAY FL 34681 TITLE ☐ Defete TITLE Change Addition NAME BRAND, CHRISTOPHER N NAME STREET ADDRESS STREET ACCRESS 1015 HIAWATHA PL CITY-ST-7(P CITY-ST-ZIP HOLIDAY FL 34681 ☐ Change ☐ Delete TITLE Addition TIFLE WISEMAN, EMILY NAME NAME STREET ADDRESS STREET ADDRESS 2270 N. HIGHLAND CITY-ST-ZIP CITY-SI ZIP TARPON SPGS FL 34689 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIF Delete □ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP 13. I hereov 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 AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. BRAND PRESIDENT 4/17/01 727-944-4220