

DOCUMENT # P98000083911

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 014 ***150.00

Name
CLASSIC CARS, INC.

Place of Business BLVD FL 33523	Mailing Address 34415 CORTEZ BLVD RIDGE MANOR FL 33523-8909
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813036



DO NOT WRITE IN THIS SPACE

Place of Business	3. Mailing Address	4. FEI Number 59-3548139	Applied For Not Applicable
Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
State	City & State	Country	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ROSS, JOHN ANTHONY
34415 CORTEZ BLVD
RIDGE MANOR FL 33523

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
Tax requirements and elects to do so.
(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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ROSS, JOHN ANTHONY 34415 CORTEZ BLVD RIDGE MANOR FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROSS, SARAH JOANNE 34415 CORTEZ BLVD RIDGE MANOR FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D BRUGNOLA, EUGENE 34415 CORTEZ BLVD RIDGE MANOR FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 352-583-4363

Date

Daytime Phone #

CR2E034 (9/99)