

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90304 044 ***150.00

DOCUMENT # P99000029563
 1. Entity Name
CLASSIC INNOVATIONS, INC.

Principal Place of Business 527 NORTH PALO ALTO PANAMA CITY FL 32401	Mailing Address 527 NORTH PALO ALTO PANAMA CITY FL 32401-3639
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2. Principal Place of Business 1119 Grace Avenue Suite, Apt. #, etc.	3. Mailing Address 1119 Grace Avenue Suite, Apt. #, etc.
City & State Panama City, FL	City & State Panama City, FL
Zip 32401	Country USA
Zip 32401	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CARNES, LARRY L
 1673 W. PAUL DIRAC DR.
 TALLAHASSEE FL 32310

4. FEI Number
59-3566979

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
Charles D. Allan
 Street Address (P.O. Box Number is Not Acceptable)
 527 N. Palo Alto Avenue
 Panama City
 City **FL** Zip Code **32401**

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 Charles D. Allan Charles D. Allan 4-29-2000
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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: Charles D. Allan Charles D. Allan 4-29-2000 (850) 747-4905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)