

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90039 006 ***150.00

DOCUMENT # P94000057169

1. Entity Name
CLASSCREDIT, INC.

Principal Place of Business 6420 SOUTHPPOINT PARKWAY JACKSONVILLE FL 32216	Mailing Address 6420 SOUTHPPOINT PARKWAY ATTN: BARRY HENRY JACKSONVILLE FL 32216-0944 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENRY, BARRY 6420 SOUTHPPOINT PARKWAY JACKSONVILLE FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DAVID G	NAME	
STREET ADDRESS	6420 SOUTHPPOINT PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, CLAUDE	NAME	
STREET ADDRESS	6420 SOUTHPPOINT PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTLES, STEVEN R	NAME	
STREET ADDRESS	6420 SOUTHPPOINT PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, BARRY K	NAME	
STREET ADDRESS	6420 SOUTHPPOINT PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **BARRY K. HENRY** Date 2/1/2000 Daytime Phone # 904-281-7161

CR2E034 (9/99)