

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90073 010 \*\*\*150.00

0016741

**DOCUMENT # P94000057169**

1. Entity Name  
**CLASSCREDIT, INC.**

Principal Place of Business <b>6420 SOUTHPOINT PARKWAY          JACKSONVILLE FL 32216</b>	Mailing Address <b>6420 SOUTHPOINT PARKWAY          ATTN: BARRY HENRY          JACKSONVILLE FL 32216          US</b>
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**739492**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**HENRY, BARRY  
 6420 SOUTHPOINT PARKWAY  
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip 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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00          After MAY 1, 2001 Fee will be \$550.00          Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GRAHAM, DAVID G</del>	
STREET ADDRESS	<del>6420 SOUTHPOINT PARKWAY</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32216</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER, CLAUDE	
STREET ADDRESS	6420 SOUTHPOINT PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SETTLER, STEVEN R</del>	
STREET ADDRESS	<del>6420 SOUTHPOINT PARKWAY</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32216</del>	
TITLE	O	<input type="checkbox"/> Delete
NAME	HENRY, BARRY K	
STREET ADDRESS	6420 SOUTHPOINT PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIELGUS, MICHAEL E.	
STREET ADDRESS	6420 SOUTHPOINT PARKWAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Barry K. Henry **Barry K. Henry** 3/30/01 904-281-7161  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (10/00)