

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2000 08:00 AM
Secretary of State

DOCUMENT # S18404

1. Entity Name
 COTTON PICKIN SHIRTS PLUS, INC.

Principal Place of Business 2211 N. PACE BLVD. PENSACOLA 32505 FL US	Mailing Address 2211 N. PACE BLVD. PENSACOLA 32505 FL US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3027099	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OBERHAUSEN, LAWRENCE W.
 811 E. GREGORY STREET
 PENSACOLA 32501 FL US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE **07/03/2000**
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	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES MARK D	NAME	
STREET ADDRESS	8735 CRESTBROCK CIR	STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOGA TN 37421	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL CHARLES WJR	NAME	
STREET ADDRESS	2224 ROYAL CREST DR	STREET ADDRESS	
CITY-ST-ZIP	VESTAVIA HILLS AL 35216	CITY-ST-ZIP	
TITLE	VM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON SAMUEL CJR	NAME	
STREET ADDRESS	6400 LONG STREET UNIT 28-A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32504	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, LUCINDA W.	NAME	
STREET ADDRESS	13948 OLD RIVER ROAD, #1-A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, WILLIAM E., JR.	NAME	
STREET ADDRESS	13948 OLD RIVER ROAD, #1-A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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: SAMUEL C. ANDERSON, JR. VM 07/03/2000