

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004320

1. Entity Name

CLASSY COVERUPS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90058 005 \*\*\*150.00

Principal Place of Business

Mailing Address

1204 E PASS RD  
 GULFPORT MS 39507

1204 E PASS RD  
 GULFPORT MS 39507-3403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0780713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, WILLIAM F JR  
 1201 N LME AVE  
 SARASOTA FL 34237

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

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	DCP	<input type="checkbox"/> Delete
NAME	RYLAND, PEGGY	
STREET ADDRESS	911 2ND ST	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYLAND, CHARLES G	
STREET ADDRESS	3015 MESA DR	
CITY-ST-ZIP	HATTIESBURG MS 39402	
TITLE	DCT	<input type="checkbox"/> Delete
NAME	RYLAND, CHARLES W	
STREET ADDRESS	911 2ND ST	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ACHEE, JENNIFER R	
STREET ADDRESS	4459 KENDALL CIR	
CITY-ST-ZIP	GULFPORT MS 39507	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTH, LESLIE R	
STREET ADDRESS	2307 BROADMOOR PL	
CITY-ST-ZIP	GULFPORT MS 39501	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYLAND, MARK W	
STREET ADDRESS	106 SOUTHERN HILLS DR.	
CITY-ST-ZIP	HATTIESBURG MS 39401	

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)