

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90004 031 ***150.00

CR2E034 (9/01)

DOCUMENT # F95000004320

1. Entity Name

CLASSY COVERUPS, INC.

Principal Place of Business

**1204 E PASS RD
 GULFPORT MS 39507**

Mailing Address

**1204 E PASS RD
 GULFPORT MS 39507**

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

64-0780713

Applied For

Not Applicable

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: _____ (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, 2002 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** ☐ Delete
 NAME: **RYLAND, PEGGY**
 STREET ADDRESS: **911 2ND ST**
 CITY-ST-ZIP: **GULFPORT MS 39501**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **RYLAND, CHARLES G**
 STREET ADDRESS: **128 LONGWOOD DR.**
 CITY-ST-ZIP: **HATTIESBURG MS 39402**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DCT** ☐ Delete
 NAME: **RYLAND, CHARLES W**
 STREET ADDRESS: **911 2ND ST**
 CITY-ST-ZIP: **GULFPORT MS 39501**

TITLE: **TREASURER** ☒ Change ☐ Addition
 NAME: **(DELETE CHAIRMAN)**
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DS** ☐ Delete
 NAME: **ACHEE, JENNIFER R**
 STREET ADDRESS: **4459 KENDALL CIR**
 CITY-ST-ZIP: **GULFPORT MS 39507**

TITLE: **DIRECTOR** ☒ Change ☐ Addition
 NAME: **(DELETE SECRETARY)**
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **NORTH, LESLIE R**
 STREET ADDRESS: **2307 BROADMOOR PL**
 CITY-ST-ZIP: **GULFPORT MS 39501**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **RYLAND, MARK W**
 STREET ADDRESS: **200 CHESTERFIELD RD.**
 CITY-ST-ZIP: **HATTIESBURG MS 39401**

TITLE: **VICE PRESIDENT AND SECRETARY** ☒ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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

4/15/02 228-896-9498
 Date Daytime Phone #