

FILED

01-20-2001 90024 006 ***150.00

A0007395



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000050442

1. Entity Name
CLASSY EXCHANGE, INC.

Principal Place of Business
12791 KENWOOD LANE, #B1
FT. MYERS FL 33907

Mailing Address
12791 KENWOOD LANE, #B1
FT. MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number 65-0592018

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URICH, JODY A
12791 KENWOOD LANE, #B1
FT. MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD URICH, JODY A 12791 KENWOOD LANE, #B1 FT. MYERS FL 33907	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS 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: Jody A. Ulrich

1-9-2001 941-278-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jan 20, 2001 8:00 am
Secretary of State
01-20-2001 90024 006 ***150.00

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