

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003558

1. Entity Name
PARKEMORE CORPORATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90043 050 ***158.75

Principal Place of Business
**2 POND'S EDGE DR
CHADDS FORD PA 19317
US**

Mailing Address
**P.O. BOX 999
CHADDS FORD PA 19317**



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 51-0274321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, BRUCE E 2637 MCCORMICK DRIVE CLEARWATER FL 33759		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code FL	

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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTS MOORE, BRUCE E 2 POND'S EDGE DRIVE CHADDS FORD PA 19317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D Bruce E. Moore 2 Pond's Edge Drive Chadds Ford, PA 19317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE, DENISE M 2 POND'S EDGE DRIVE CHADDS FORD PA 19317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PARKER-MOORE, DEBRA P 2 POND'S'S EDGE DRIVE CHADDS FORD PA 19317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIOVINCO, PHILLIP C 2 POND'S EDGE DRIVE CHADDS FORD PA 19317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PRICE, ELAINE 2 POND'S EDGE DRIVE CHADDS FORD PA 19317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **BRUCE E. MOORE** JAN 5 2001 (610) 388-9600

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

CR2E034 (10/00)

Brandywine Financial Services Corporation
P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600

805917
F95000003558

January 17, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **Parkemore Corporation**
#F95000003558
2001 Florida Uniform Business Report

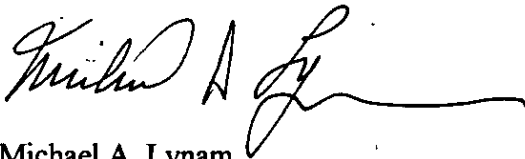
Via Certified Mail
Return Receipt Requested
7000 0520 0023 3009 0742

Gentlemen:

Enclosed please find the 2001 Florida Uniform Business Report for the above referenced corporation along with a check in the amount of \$158.75 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Accounting Officer

MAL:dd

Enclosures

2001 FLORIDA UNIFORM BUSINESS REPORT
F95000003558

7000 0520 0023 3009 0742
RETURN RECEIPT REQUESTED