

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002593**

1. Entity Name

PARKER WELDING, L.L.C.

FILED

01-MAR 30 PM 2:25

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

4/6



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4406 WEST JACKSON
PENSACOLA FL 32506**

Mailing Address

**4406 WEST JACKSON
PENSACOLA FL 32506**

2. Principal Place of Business

4406 W. JACKSON ST

3. Mailing Address

4406 W. JACKSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3388351

Applied For

Not Applicable

Zip

32506

Country

Escambia

Zip

32506

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, RICHARD E
4406 WEST JACKSON
PENSACOLA FL 32506**

MGR

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE **owner / mgr** ☐ Delete
NAME **RICHARD E. Parker**
STREET ADDRESS **4406 W. JACKSON ST**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003992193--4**
CITY-ST-ZIP **-04/11/01--01074--025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300003992193--4**
CITY-ST-ZIP **-04/11/01--01074--026**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/2001

Date

850-457-3511

Daytime Phone #

CR2E083 (11/00)