

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90055 002 \*\*\*\*50.00

**DOCUMENT # L00000008244**

1. Entity Name  
**PARKER & LONGBAUGH, L.L.C.**

Principal Place of Business      Mailing Address  
**200 BAY BOULEVARD**      **200 BAY BOULEVARD**  
**PENSACOLA FL 32503-6415**      **PENSACOLA FL 32503-6415**

2. Principal Place of Business      3. Mailing Address  
**2725 W. Cervantes St.**      **2725 W. Cervantes St.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pensacola, FL 32505**      **Pensacola, FL 32505**

Zip      Country      Zip      Country  
**32505**      **Escambia**      **32505**      **Escambia**

4. FEI Number      Applied For  
**59-3713293**      **NOT APPLICABLE**  
Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

**6. Name and Address of Current Registered Agent**

**WILLS, JACK E**  
**2725 W. CERVANTES STREET**  
**PENSACOLA FL 32505**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WILLS, JACK E</b> <b>2725 W. CERVANTES ST.</b> <b>PENSACOLA FL 32505</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DURHAN, MICHAEL D</b> <b>2725 W. CERVANTES ST.</b> <b>PENSACOLA FL 32505</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>9712 Wills Lane</b> <b>Lillian, AL 36549</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>200 Bay Blvd.</b> <b>Pensacola, FL 32503</b>	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Michael D Durhan*      *April 26, 2002*      *850-432-2383*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

0026133  
CR2E083 (9/01)

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DO NOT WRITE IN THIS SPACE