

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90256 042 \*\*\*150.00

**DOCUMENT # P93000057245**

1. Entity Name  
**PARKER B. SMITH, PROFESSIONAL ASSOCIATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13000 SAWGRASS VILLAGE CIRCLE SUITE 6 PONTE VEDRA BEACH FL 32082 US	13000 SAWGRASS VILLAGE CIRCLE SUITE 6 PONTE VEDRA BEACH FL 32082-5017 US

2. Principal Place of Business <i>1219 Airport Road</i>	3. Mailing Address <i>1219 Airport Road</i>
Suite, Apt. #, etc. <i>Suite 311</i>	Suite, Apt. #, etc. <i>Suite 311</i>

City & State <i>Destin FL</i>	City & State <i>Destin FL</i>	4. FEI Number <b>59-3200317</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32541</i>	Country <i>OKALOOSA</i>	Zip <i>32541</i>	Country <i>OKALOOSA</i>

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

6. Name and Address of Current Registered Agent <b>SMITH, PARKER B 13000 SAWGRASS VILLAGE CIR SUITE 6 PONTE VEDRA BEACH FL 32082</b>	7. Name and Address of New Registered Agent Name <i>Smith Parker B</i> Street Address (P.O. Box Number is Not Acceptable) <i>1219 Airport Road</i> <i>Suite 311</i> City <i>Destin</i> <b>FL</b> Zip Code <i>32541</i>
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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, 2000 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 <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, PARKER B</b>		NAME <i>Smith, Parker B.</i>	
STREET ADDRESS <b>13000 SAWGRASS VILLAGE CIR SUITE 6</b>		STREET ADDRESS <i>1219 Airport Road, Suite 311</i>	
CITY-ST-ZIP <b>PONTE VEDRA BEACH FL 32082</b>		CITY-ST-ZIP <i>Destin, FL 32541</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: *4/12/00* DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)