

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90102 046 \*\*\*150.00

**DOCUMENT # 151787**

1. Entity Name  
**PAR INC**

Principal Place of Business  
~~170 SOUTH HALIFAX AVENUE~~  
**DAYTONA BEACH FL 32118-1480**

Mailing Address  
**170 SOUTH HALIFAX AVENUE**  
**DAYTONA BEACH FL 32118-1480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**608-618 MAIN ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**179 Cherokee Rd**  
 Suite, Apt. #, etc.

City & State  
**DAYTONA BEACH FL**  
 Zip  
**32118**  
 Country

City & State  
**ORMOND BEACH FL**  
 Zip  
**32174**  
 Country

4. FEI Number  
**59-1114823**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MC CULLOUGH, EUGENE H.**  
~~170 SOUTH HALIFAX AVENUE~~  
~~DAYTONA BEACH FL 32118~~

7. Name and Address of New Registered Agent

Name  
**EUGENE H. MC CULLOUGH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**179 CHEROKEE RD**  
 City  
**ORMOND BEACH FL** Zip Code  
**32174**

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, 2002 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	<b>P</b> <b>UNATIN, NELSON A.J.</b> <b>C/O AUDITAX 170 S HALIFAX AVE</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ZANDI, AVA N</b> <b>50 LAUREL CIR</b> <b>MALVERN PA 19355</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BLICKMAN, MRS. LINDA NEL</b> <b>44 BUTLER RD.</b> <b>SCARSDALE NY</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2200 N. ATLANTIC AVE # 1202</b> <b>DAYTONA BEACH FL 32118</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
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

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: **Eugene H. McCullough** **1-22-2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)