

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 170832

1. Entity Name

PARNELL-MARTIN SUPPLY COMPANY OF FLORIDA

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90036 035 ***150.00

Principal Place of Business

Mailing Address

FLORIDA
114 PARK STREET
JACKSONVILLE FL 32204-2224

P. O. BOX 30067
CHARLOTTE NC 28230-0067
US

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

59-0683850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

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	D	<input type="checkbox"/> Delete
NAME	WELTON, C R	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE NC 28230	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	CASH, F.A. JR.	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE NC 28230	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEORGE, J.L.	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE NC 28230	
TITLE	T	<input type="checkbox"/> Delete
NAME	JORDAN, MJ	
STREET ADDRESS	1315 NORTH GRAHAM STREET	
CITY-ST-ZIP	CHARLOTTE NC 28230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	28206	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	28206	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	28206	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	28206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

M. J. Jordan
TREASURER M. J. Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00 (704) 375-8651

Daytime Phone #

CR2E034 (9/99)