2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

369477 DOCUMENT

1. Entity Name

PARKER MERRICK COMPANY, INC.



04-14-2003 90371 010 ***158.75 Principal Place of Business Mailing Address 245 S.W. 32ND ST. 245 S.W. 32ND ST. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 59-1359485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent TURNER, J DENNY Street Address (P.O. Box Number is Not Acceptable) 245 S.W. 32ND ST. FORT LAUDERDALE FL 33335 City 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change ☐ Addition TURNER, J. DENNY NAME

10. TITLE NAME STREET ADDRESS 724 RIVIERA ISLE STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition **BLANTON, ROBERT** NAME NAME 610 NO. RAINBOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IE HOLLYWOOD, FL 33021, CITY - ST - ZIP_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change < Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment

%EDROBERT A. BLANTON

954-761-1677

Daytime Phone #

FILED

Apr 14, 2003 8:00 am Secretary of State