

DOCUMENT # 482522

1. Entity Name
PARMAN REALTY, INC.

Principal Place of Business Mailing Address
8780 ORCHID IS. CIR W 8780 ORCHID IS. CIR W
P.O. BOX 3178 BEACH ST. 32964 P.O. BOX 3178 BEACH ST. 32964
VERO BEACH FL 32964 VERO BEACH FL 32964
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90046 007 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1626046** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARMAN, HENRY O.
8780 ORCHID ISLAND CIR W
VERO BEACH FL 32964

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

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, 2001 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 | PTD <input type="checkbox"/> Delete | |
| NAME | PARMAN, HENRY O | |
| STREET ADDRESS | 8780 ORCHID ISLAND CIR W | |
| CITY-ST-ZIP | VERO BEACH FL 32964 | |
| TITLE | SVD <input type="checkbox"/> Delete | |
| NAME | PARMAN, HORTENSE D | |
| STREET ADDRESS | 8780 ORCHID ISLAND CIR W | |
| CITY-ST-ZIP | VERO BEACH FL 32964 | |
| TITLE | VP <input type="checkbox"/> Delete | |
| NAME | PARMAN, ROBERT H | |
| STREET ADDRESS | 8780 ORCHID ISLAND CIR W | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|--|
| 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 | | |
| 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 | | |
| 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: Henry O. Parman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HENRY O. PARMAN

Date 1-9-01 Daytime Phone # 561-231-5111

5400

CR2E034 (10/00)