**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 21, 2002 8:00 am Secretary of State **DOCUMENT #** 607786 1. Entity Name 01-21-2002 90068 012 \*\*\*150.00 PARKER HEATING & COOLING, INC. Principal Place of Business Mailing Address 823 SOUTH HWY 22-A 823 SOUTH HWY 22-A PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1884050 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -----PARKER, JAMES D Street Address (P.O. Box Number is Not Acceptable) **823 SOUTH HWY 22-A** PANAMA CITY FL 32404 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE Delete PARKER, JAMES D NAME NAME STREET ADDRESS STREET ADDRESS 823 S HWY 22-A CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition Change TITLE ☐ Defete TITLE NAME PARKER, VICTORIA NAME 823 S. HWY. 22-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE ☐ Delete ¬ TITLE ☐ Change Addition NAME PARKER, JAMES DONALD NAME STREET ADDRESS STREET ADDRESS 823 S. HWY 22A CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : . . ☐ Addition TITLE TITLE ☐ Delete NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FJAMES D. PARKER (PRES) 1-10-02

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: