

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90030 008 ***150.00

DOCUMENT # 637592

1. Entity Name
PARKS BANKS INC.



Principal Place of Business
**33061 LIME LANE
P.O. BOX 327
BIG PINE KEY FL 33043-0327
US**

Mailing Address
**P.O. BOX 901206
HOMESTEAD FL 33090
US**



2. Principal Place of Business

27727 S.W. 177th. Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Homestead, FL

City & State

4. FEI Number **59-1962710**

Applied For
Not Applicable

Zip

33031

Country

USA

Zip

Country

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

**SIRECI, THOMAS J JR
513 WHITEHEAD ST
KEY WEST FL**

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BANKS, PARKS**
STREET ADDRESS **P.O. BOX 327 N/A**
CITY-ST-ZIP **BIG PINE KEY FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **BANKS, PARKS**
STREET ADDRESS **27727 S.W. 177th. Ave**
CITY-ST-ZIP **Homestead, FL 33031**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 with an address, with all other like empowered.

SIGNATURE: **Parks Banks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/6/03** Daytime Phone # **786-243-2578**

CR2E034 (10/02)