

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90019 003 ***150.00

DOCUMENT # 674777

1. Entity Name

PARKER & LAWRY CONSULTANTS, INC.

Principal Place of Business

800 SECOND AVE. SO.
 SUITE 340
 ST PETERSBURG FL 33701
 US

Mailing Address

800 SECOND AVE. SO.
 SUITE 340
 ST PETERSBURG FL 33701
 US

2. Principal Place of Business

One Beach Drive SE
 Suite, Apt. #, etc.
301 C

3. Mailing Address

One Beach Drive SE
 Suite, Apt. #, etc.
301 C

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-2040490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARKER, J KENNETH
800 SECOND AVE. SO.
SUITE 340
ST.PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **PARKER, J. KENNETH**
 Street Address (P.O. Box Number is Not Acceptable)
One Beach Drive SE
301 C
 City **St. Petersburg, FL** **FL** Zip Code **33701**

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 **J. KENNETH PARKER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-2001

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	D	<input type="checkbox"/> Delete
NAME	LAWRY, CRAIG	
STREET ADDRESS	300 1ST AVE S STE 400	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, KEN	
STREET ADDRESS	300 1ST AVE S STE 400	
CITY-ST-ZIP	ST PETERSBURG FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE BEACH DRIVE, S.E. 301-C	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE BEACH DRIVE, S.E. 301-C	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Kenneth Parker 4-16-2001 (7:27) 898-6055

CR2E034 (10/00)