2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 757598 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC. 01-20-2000 90168 045 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2507 P.O. BOX 2507 LARGO FL 33779-2507 LARGO FL 33779 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 59-2099496 Not Applicable Zip Country Country \$8.75 Additional .5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WARREN, THOM 11195 70TH AVE N SEMINOLE FL 33772 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 FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete ☐ Addition TITLE TITI F NAME NAME Warren, Thom STREET ADDRESS STREET ADDRESS 11195 70TH AVE N CITY-ST-ZIP CITY-ST-7IP SEMINOLE FL 33772 Change ☐ Addition TITLE VP " □ Delete TITLE NAME Warman, James NAME STREET ADDRESS 250 CLEVELAND AVE SW STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LARGO FL 33770 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STRONG. STEVE STREET ADDRESS STREET ADDRESS 250 CLEVELAND AVE S.W. CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 Change Addition TITLE ☐ Delete TITLE NAME NAME KEMERER, RON STREET ADDRESS STREET ADDRESS 4017 56TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33714 ☐ Change TITLE ☐ Delete Addition NAME HINDER, RANDY NAME STREET ADDRESS STREET ADDRESS 11195 70TH AVE N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE ☐ Delete TITLE 17.6 ☐ Change ☐ Addition NAME SACCASYN, ERIC NAME STREET ADDRESS STREET ADDRESS 530 WEST KENNEDY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered

changed, or on an attachment with

SIGNATURE: