

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 28498

1. Entity Name

PARKMONT, LTD.



FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 824

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4787

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

MT. DORA, FL

City & State

WINTER PARK, FL

4. FEI Number

59-2956570

Applied For

Not Applicable

Zip

32856-0824

Country

USA

Zip

32793-4787

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS R. ALLEN

Street Address (P.O. Box Number is Not Acceptable)

359 CAROLINA AVE

City

WINTER PARK

FL

Zip Code

32789

DO NOT WRITE
IN THIS SPACE

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.

DATE

9. Capital Contributions
as Shown on record.

5,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,100.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # K96156
NAME INGLE CORP., INC.
STREET ADDRESS P.O. BOX 824
CITY-ST-ZIP MT DORA, FL 32756-0824

STREET ADDRESS

CITY-ST-ZIP

300022376153
08/18/03 01038 007 \$52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400024189744
10/20/03 01017-002 **488.75

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

L. CONTELLA

10-24-03

407-509-5926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #