


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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90247 046 \*\*\*150.00

DOCUMENT # *FD0000000425*  
1. Entity Name  
PARKS MANUFACTURING, INC.



0000200J

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
HC 60 BOX 25  
Suite, Apt. #, etc.

3. Mailing Address  
HC 60 BOX 25  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CHECOTAH, OK

City & State  
CHECOTAH, OK

4. FEI Number  
73-1410055

Applied For  
 Not Applicable

Zip  
74426

Country  
USA

Zip  
74426

Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MOSS, MARVIN I

Street Address (P.O. Box Number is Not Acceptable)  
2801 BISCAYNE BLVD #506

City  
AVENTURA

FL

Zip Code  
33180-1430

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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARKS, ROGER E HC 60 BOX 25, CHECOTAH, OK 74426	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARKS, RICHARD E HC 60 BOX 25, CHECOTAH, OK 74426	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PARKS, PAMELA S HC 60 BOX 25, CHECOTAH, OK 74426	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela S Parks* PAMELA S PARKS *2/11/03* 918 473-6768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Moffitt, Parker**  
**AND COMPANY, INC**

W.G. MOFFITT, C.P.A. 1932-1992  
GARY D. PARKER, C.P.A.  
MOLLY R. REEVES, C.P.A.  
SHELLEY A. PARKER, C.P.A.

PATRICIA L. MCMAHAN, C.P.A.  
WILLIAM H. HARRIS, C.P.A.  
J.W. GILLIAM, C.P.A.

5178

February 12, 2003

*80032305*

Uniform Business Report  
Division of Report  
P O Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern,

Enclosed, please find the following:

<u>FORM</u>	<u>TAXPAYER</u>	<u>AMT PAID</u>
<u>2002-UBR</u>	<u>Parks Manufacturing, Inc.</u>	<u>\$150.00</u>

Please receipt this letter and return to our office in the enclosed envelope.

Sincerely,

Moffitt, Parker and Company, Inc.

MPC/am  
Enclosure(s)