

**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 # *F00000000425*

1. Entity Name

PARKS MANUFACTURING, INC.



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)

20801 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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

V
PARKS, RICHARD E
HC 60 BOX 25, CHECOTAH, OK 74426

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
PARKS, PAMELA S
HC 60 BOX 25, CHECOTAH, OK 74426

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela S Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA S PARKS

2/11/03
Date

918 473-6768
Daytime Phone #

CR2E034B (12/02)

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)