

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002802

1. Entity Name

PARKWAY COMMUNICATIONS CORP.

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90008 049 ***550.00

Principal Place of Business

Mailing Address

1221 GULFSHORE BOULEVARD NORTH
NAPLES FL 33940

BOX 400
NAPLES FL 34106-0400
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1228362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, A A JR
SUITE 404
4001 TAMiami TRAIL NORTH
NAPLES FL 33940

Name P. DANIEL ORLICH

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

16711 COLLINS AVENUE #2603
City SUNNY ISLES FL Zip Code 33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME ORLICH, P D
STREET ADDRESS 1221 GULFSHORE BLVD NORTH
CITY-ST-ZIP NAPLES FL 33940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ORLICH, DIANA S
STREET ADDRESS 1221 GULFSHORE BLVD NORTH
CITY-ST-ZIP NAPLES FL 33940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 their like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1014-00001