

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90086 041 ***550.00

DOCUMENT # F94000005543

1. Entity Name
J. PARKER AND ASSOCIATES, INC.

Principal Place of Business

**910 VANDERBILT BCH RD
 #325
 NAPLES FL 34108
 US**

Mailing Address

**910 VANDERBILT BEACH RD
 SUITE 325
 NAPLES FL 34108
 US**

2. Principal Place of Business

**3055 HORIZON LN
 Suite, Apt. #, etc.
 #1706**

3. Mailing Address

**3055 HORIZON LN
 Suite, Apt. #, etc.
 #1706**

City & State

NAPLES FL 34109

City & State

NAPLES, FL.

4. FEI Number

34-1320031

Applied For

Not Applicable

Zip

34109

Country

Collier

Zip

34109

Country

Collier

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, JAMES A
 910 VANDERBILT BCH RD #325
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
PARKER, JAMES A.
 Street Address (P.O. Box Number is Not Acceptable)
3055 HORIZON LN #1706
 City **NAPLES** FL Zip Code **34109**

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 **JAMES A. PARKER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/28/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PT** ☐ Delete
 NAME **PARKER, JAMES A**
 STREET ADDRESS **910 VANDERBILT BEACH RD #325**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VS** ☐ Delete
 NAME **PARKER, GRACE L**
 STREET ADDRESS **910 VANDERBILT BEACH RD #325**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **PARKER, JAMES A.**
 STREET ADDRESS **3055 HORIZON LN #1706**
 CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **V PRES** ☒ Change ☐ Addition
 NAME **PARKER GRACE L.**
 STREET ADDRESS **3055 HORIZON LN.**
 CITY-ST-ZIP **NAPLES, FL 34109**

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

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

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

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

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 other like empowered.

SIGNATURE:

JAMES A. PARKER **8/28/02** **239-588 95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)