## **2000 UNIFORM BUSINESS REPORT (UBR)**

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## **FILED** DOCUMENT # F9600003465 May 12, 2000 8:00 am 1. Entity Name Secretary of State PARKWAY CONSTRUCTION & ASSOCIATES, INC. 05-12-2000 90083 032 \*\*\*150.00 Principal Place of Business Mailing Address 1000 CIVIC CIR 1000 CIVIC CIR LEWISVILLE TX 75067-3493 LEWISVILLE TX 75067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 75-2625348 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST TALLAHASSEE FL 32301 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PC TITLE TITLE ☐ Delete NAME ELMER, JOHN NAME STREET ADDRESS STREET ADDRESS 1000 CIVIC CIR CITY-ST-ZIP CITY-ST-ZIP **LEWISVILLE TX 75067** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME ELMER, JERRY STREET ADDRESS STREET ADDRESS 1000 CIVIC CIR CITY-ST-ZIP CITY-ST-ZIP LEWISVILLE\_TX\_75067 Defete Addition TITLE DST ---TITLE NAME ELMER, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1000 CIVIC CIR CITY-ST-ZIP CITY-ST-ZIP LEWISVILLE TX 75067 TITLE ☐ Change ☐ Addition TITLE D٧ ☐ Delete NAME NAME CLARK, W D STREET ADDRESS STREET ADDRESS 1000 CIVIC CIR CITY-ST-ZIF CITY-ST-ZIP **LEWISVILLE TX 75067** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address; and that my name appears in Block 11 or Block 12 if 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 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 in the same legal effect as if made under oath; that I am an officer or director of the corporation of t

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #