

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F98000001788**

1. Entity Name  
**PARKSITE INC.**

FILED

02 OCT 28 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** DO NOT WRITE IN THIS SPACE *or*

Principal Place of Business Mailing Address  
**1563 HUBBARD AVE. 1563 HUBBARD AVE.**  
**BATAVIA IL 60510 BATAVIA IL 60510**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **36-2741965** Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WAUGH, EMILY S**  
**227 S. CALHOUN ST.**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name **CT Corporation System**  
Street Address P.O. Box Number is Not Applicable  
**1200 South Pine Island Road**  
City **Plantation FL 33324**

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 Connie Bryan, Special Asst. Secy. **10-28-02**  
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, 2002 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISROE, JOHN P</b>	
STREET ADDRESS	<b>1563 HUBBARD AVE.</b>	
CITY-ST-ZIP	<b>BATAVIA IL 60510</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PATTEE, GEORGE A</b>	
STREET ADDRESS	<b>1563 HUBBARD AVE.</b>	
CITY-ST-ZIP	<b>BATAVIA IL 60510</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PAVLIK, JEFFREY V</b>	
STREET ADDRESS	<b>1563 HUBBARD AVE.</b>	
CITY-ST-ZIP	<b>BATAVIA IL 60510</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HEITZMAN, RONALD C</b>	
STREET ADDRESS	<b>1563 HUBBARD AVE.</b>	
CITY-ST-ZIP	<b>BATAVIA IL 60510</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500008802735</b>	
STREET ADDRESS	<b>11/05/02--01036--018 **750.00</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Jeffrey V. Pavlik, Secy. **10/25/02** **(630)761-6724**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)