

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90091 014 \*\*\*150.00

**DOCUMENT # F99712**

1. Entity Name  
**SARAH PARKER MODELING AND TALENT AGENCY, INC.**



Principal Place of Business

**410 DATURA ST.**

**WEST PALM BCH FL 33401**

**US**

Mailing Address

**410 DATURA ST.**

**WEST PALM BCH FL 33401**

**US**

**60002000**



2. Principal Place of Business

**1258 Beach Road**

Suite, Apt. #, etc.

3. Mailing Address

**1258 Beach Rd**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Singer Island FL**

Zip

**33404**

Country

**USA**

City & State

**Singer Island, FL**

Zip

**33404**

Country

**USA**

4. FEI Number

**59-2218933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, SARAH**

**1249 SURF ROAD**

**SINGER ISLAND FL 33404**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **PD** ☒ Delete

NAME **PARKER, SARAH**  
STREET ADDRESS **405 HAWTHORNE DRIVE**  
CITY-ST-ZIP **LAKE PARK FL**

TITLE **PD** ☐ Delete

NAME **SARAH PARKER**  
STREET ADDRESS **1258 Beach Rd**  
CITY-ST-ZIP **Singer Island, FL 33404**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sarah Parker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment # F99712

If these Charges  
Are Not Correct  
Return Immediately

Jordh