

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90160 026 ***150.00

DOCUMENT # G77185

1. Entity Name
PARAKEET PARK, INC.



Principal Place of Business
**2400 PARAKEET PARK BLVD
LAKE WALES FL 33853-7417
US**

Mailing Address
**2400 PARAKEET PARK BLVD
#1
LAKE WALES FL 33853-7417
US**



2. Principal Place of Business

3. Mailing Address

2400 Parakeet Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WALES, FL

4. FEI Number **59-2352784**

Applied For

Not Applicable

☒ CHECK HERE IF MAKING CHANGES

Zip
33859-6436

Country

PO-1K

Zip

33859-6436

Country

PO-1K

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

**MYERS, C.B.
130 EAST CENTRAL AVENUE
LAKE WALES FL 33853**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
HENRY, BARBARA JEANNE
2400 S SCIENCE HWY #1
LAKE WALES FL 33853**

☐ Delete

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

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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:

Barbara Henry
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Jan. 14, 2003 *863-676-2812*
Date Daytime Phone #

CR2E034 (10/02)