2001 UNIFORM BUSINESS REPORT (UBP)

DOCUMENT # H96819

PARKER, THOMAS J.

9445 WESTWIND DRIVE MICCOSUKEE FL 32309

1. Entity Name

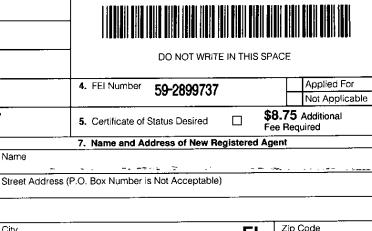
PARKER REALTY AND CONSTRUCTION, INC.

Principal Place of Business Mailing Address P.O. BOX 91003 9445 WESTWIND DR MICCOSUKEE F 32309 MICCOSUKEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

FILED Jan 31, 2001 8:00 am Secretary of State

01-31-2001 90267 028 ***150.00



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				City			Zíp Code	
8. The above	named entity submits this statement for th	e purpose of changing its re	egistered office or	registered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	utle if applicable. (NOTE: F	Registered Agent signatu	re required when re	pinstating)	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, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financir Trust Fund Contribution.		Added	0 May Be to Fees	
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFI		ICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, THOMAS J. 9445 WESTWIND DR MICCOSUKEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	VD PARKER, JACQUELINE R. 9445 WESTWIND DR MICCOSUKEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, TODD S. 1167 KRAMERIA ST DENVER CO 80220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS	· .			☐ Change	Addition

Name

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

THOMAS J. PARKER

850-893-9092