## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 27, 2002 8:00 am § Secretary of State **DOCUMENT #** J11078 1. Entity Name 05-27-2002 90363 035 \*\*\*150 00 PARKLAND PRINTING, INC. Principal Place of Business Mailing Address 1616 S. ORLANDO AVENUE 1616 S. ORLANDO AVENUE P.O. BOX 1027 P.O. BOX 1027 MAITLAND FL 32751-1027 MAITLAND FL 32751-1027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2664717 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, WILLIAM E. Street Address (P.O. Box Number is Not Acceptable) 538 N PARRAMORE AVE ORLANDO FL City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition SIMMONS, CARROLL G. NAME NAME STREET ADDRESS 160 GEM LAKE DR. STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SIMMONS, NANCY D. NAME STREET ADDRESS 5060 E. WINDS DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME SIMMONS, STEVEN STREET ADDRESS 925 HANOVER AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 tropice 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 employered.

**FILED**