

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/9/2003-90124-004-\$150.00-\$150.00

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DOCUMENT # J40215

1. Entity Name
PARKER FUEL OIL, INC.



FILED

04 JAN -6 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04 WOP
CHECK HERE IF MAKING CHANGES

Principal Place of Business
1201 N. 22 STREET
TAMPA FL 33605
US

Mailing Address
1201 N. 22 STREET
TAMPA FL 33605
US

2. Principal Place of Business
202 S. 22 ST.

3. Mailing Address
P.O. BOX 3365

Suite, Apt. #, etc.
213

Suite, Apt. #, etc.

City & State
TAMPA

City & State
St. Clearwater, FL

Zip
33605

Country

Zip
33767

Country

4. FEI Number **59-2728882**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, GARY K.
2401 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name **Gary K. Parker**

Street Address (P.O. Box Number is Not Acceptable)
202 S. 22 ST.

City **TAMPA FL**

Zip Code **33605**

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 *Gary Parker*

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 | P PARKER, GARY K. 1201 N. 22ND ST. TAMPA FL 33605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARY PARKER 202 S. 22 ST TAMPA, FL 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200028231422 02/05/04--01017--003 **\$550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gary Parker* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/03** (813) 837-2211

Daytime Phone #

CR20034 (10/02)