

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90125 019 \*\*\*150.00

**DOCUMENT # K58818**

1. Entity Name  
**BARRY PARKER PLUMBING, INC.**



Principal Place of Business  
**6291 POWERS AVENUE  
JACKSONVILLE FL 32217**

Mailing Address  
**6291 POWERS AVENUE  
JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2923468**

Applied For

Not Applicable

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

**PARKER, BARRY E.  
1119 LIDO ROAD  
JACKSONVILLE FL 32216**

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  
**VTS  
RINK, BEVERLY D  
8740 WATERFRONT TERRACE  
JACKSONVILLE FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Alice Parker  
1119 Lido Rd.  
Jacksonville, FL 32216** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
RINK, BEVERLY D.  
8740 WATERFRONT TERRACE  
JACKSONVILLE FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer/Secretary  
Sandra Tesen  
10995 Buggy Whip Drive  
Jacksonville, FL 32257** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
PARKER, BARRY E.  
1119 LIDO ROAD  
JACKSONVILLE FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
  
☐ Delete

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

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, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-03 904-444-5037**  
Date Daytime Phone #

CR2E034 (10/02)