

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008244

1. Entity Name

PARKER & LONGABAUGH, L.L.C.

Principal Place of Business

200 BAY BOULEVARD
PENSACOLA FL 32503-6415

Mailing Address

200 BAY BOULEVARD
PENSACOLA FL 32503-6415

2. Principal Place of Business

2725 W. Cervantes St.

Suite, Apt. #, etc.

3. Mailing Address

2725 W. Cervantes St.

Suite, Apt. #, etc.

City & State

Pensacola, FL 32505

City & State

Pensacola, FL 32505

Zip

32505

Country

Escambia

Zip

32505

Country

Escambia

4. FEI Number

59-3713293

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLS, JACK E
2725 W. CERVANTES STREET
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME WILLS, JACK E
STREET ADDRESS 2725 W. CERVANTES ST.
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE MGR
NAME DURHAN, MICHAEL D
STREET ADDRESS 2725 W. CERVANTES ST.
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 9712 Wills Lane
CITY-ST-ZIP Lillian, AL 36549 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 200 Bay Blvd.
CITY-ST-ZIP Pensacola, FL 32503 ☒ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90055 002 ****50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

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432-2383

April 26, 2002