

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L00000015787

1. Entity Name

PARKER HOLDINGS, LLC

01 MAY 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
16 W. Columbia St. SAME
Orlando, FL 32806

2. Principal Place of Business 3. Mailing Address
16 W. Columbia St. 16 W. Columbia St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FL City & State FL
Orlando FL Orlando FL
Zip 32806 Country USA Zip 32806 Country USA

4. FEI Number 59-3686626
Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C. Jack Parker
16 W. Columbia St.
Orlando FL 32806

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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME PRESIDENT
C. Jack Parker
STREET ADDRESS 16 W. Columbia St.
CITY-ST-ZIP Orlando FL 32806
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
TITLE NAME 500004384625
STREET ADDRESS -06/08/01--01089--005
CITY-ST-ZIP *****50.00 *****50.00
Change Addition
Change Addition
Change Addition
Change Addition
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: C. Jack Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 5/11/01 402/841/1490
Daytime Phone