

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90158 006 ***150.00

DOCUMENT # L40385

1. Entity Name
JIM PARHAM & ASSOCIATES, INC.



Principal Place of Business
**6700 S. FLORIDA AVE.
SUITE #33
LAKELAND FL 33813
US**

Mailing Address
**6700 S. FLORIDA AVE.
SUITE #33
LAKELAND FL 33813
US**

2. Principal Place of Business
5146 Colbert Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6529
Suite, Apt. #, etc.
Lakel

City & State
Lakeland Florida

City & State
Lakeland Florida

Zip Country
33813 USA

Zip Country
33807 USA

4. FEI Number **59-2984817**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JIM PARHAM
5146 COLBERT ROAD
LAKELAND FL 33813**

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. 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

TITLE	DVP	☐ Delete
NAME	PARHAM, JIMMY W.	
STREET ADDRESS	5146 COLBERT RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	☐ Delete
NAME	PARHAM, ELIZABETH ANN	
STREET ADDRESS	5146 COLBERT RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Elizabeth Ann Parham, Sec. **1/27/03 (863) 644-7097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)