2003 FOR PROFIT CORPORATION

Mar 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** L50655 DOCUMENT # 1. Entity Name 03-05-2003 90066 046 ***150.00 RANDALL M. PARKER, INC. Principal Place of Business Mailing Address 3700 CREIGHTON RD P.O. BOX 1103 #10 PENSACOLA FL 32595 PENSACOLA FL 32504 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2999673 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name ---PARKER, RANDALLIM. Street Address (P.O. Box Number is Not Acceptable) 3700 CREIGHTON ROAD #10 PENSACOLA FL 32504 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ** FILE NOW!!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ŤITLE ☐ Delete TITLE **C**hange ☐ Addition PARKER, RANDALL M PARKER, RANDALL M. NAME NAME 4711 SoulERACE STREET ADDRESS 5123 YESTEROAKS PLACE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL GULF BREEZE, FZ 32563 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-SI-ZIP

DEQ ZADDADL M. PALICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

FILED