## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # L60308 May 10, 2000 8:00 am 1. Entity Name PARKER & PARKER, INC. Secretary of State 05-10-2000 90074 048 \*\*\*150.00 Principal Place of Business Mailing Address 16050 S TAMIAMI TR 16050 S TAMIAMI TERRI FT MYERS FL 33908 FORT MYERS FL 33908-4243 US US 2. Principal Place of Business 3. Mailing Address 12530 Norld Plaza Un \*1 12530 WOYL Plaza Un Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Myers Svite # City & State City & State Applied For 4. FEI Number 59-3012533 Not Applicable Ountry USA Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER CHRISTOPHER PARKER, CHRISTOPHER T. Street Address (P.O. Box Number is Not Acceptable) -16050 S TAMIAMI-TR #104 FORT MYERS FL 33908 12530 WORLD PLAZA LIN 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 egistered agent and little if applicable (NOTE: Registered Agent alignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Delete TITLE PARKER, CHRISTOPHER T. PARKER, CHRISTOPHER T. NAME NAME 12530 WORLD DLAZA IN #1 CR2E034 STREET ADDRESS 16050 S. TAMIAMI TRAIL #104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL FT MYERS. Change ☐ AddItion TITLE TITLE ☐ Delete PARKER; KENNETH R. PARKER, KENNETH R. NAME NAME 12530 WORLD PLAZA IN \$1 16050 S. TAMIAMI TRAIL #104 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL FT MYERS. ☐ Change ☐ Addition 1:TIE TITLE ☐ Delete NAME HAME j STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLÉ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Change ■ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all effect in the empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR