

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001169

1. Entity Name

PARKER ENTERPRISES-SHERIDAN, LLC

Principal Place of Business

763 NW 42ND PLACE

POMPANO BEACH FL 33064

as below

Mailing Address

763 NW 42ND PLACE

POMPANO BEACH FL 33064-1832

as below

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

JIM & LINDA PARKER

City & State

2321 N.E. 34 COURT

LIGHTHOUSE POINT, FL 33064

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PARKER, JAMES

763 NW 42ND PLACE

POMPANO BEACH FL 33064

*2321 NE 34th CT
Lighthouse Pt FL
33064*

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 ☐ Delete

NAME PARKER, JAMES

STREET ADDRESS 763 NW 42ND PLACE

CITY- ST- ZIP POMPANO BEACH FL 33064

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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 OR MANAGER

Date

Daytime Phone #

FILED
00 JAN 13 PM 12:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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***100.00 ***50.00

Signature Required

Jim Parker 1/6/00 954-946-8210