

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90004 029 *****50.00

DOCUMENT # M02000002851

1. Entity Name

PARKER, PARKER, PARKER, L.L.C.



Principal Place of Business

**1031 RED LION ROAD
NEW CASTLE DE 19720**

Mailing Address

**1031 RED LION ROAD
NEW CASTLE DE 19720**

2. Principal Place of Business

**1841 GEORGE JENKINS
BLVD**

3. Mailing Address

**29605 US 19
#130**

City & State

LAKELAND FL

City & State

CLEARWATER FL

Zip

33815

Country

POLK

Zip

33761

Country

PIELLAS

4. FEI Number

51-0340688

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PARKER, HAMILTON**
CITY-ST-ZIP **1031 RED LION ROAD
NEW CASTLE DE 19720**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PARKER, ALEXANDER J JR**
CITY-ST-ZIP **109 CHARTWELL COURT
BEAR DE 19701**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **PARKER, JAMES**
CITY-ST-ZIP **1706 BEAR-CROBITT ROAD
BEAR DE 19701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ 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:

HAMILTON PARKER HAMILTON PARKER 3-24-03 484-919 9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0073539