

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000004945

FILED
Sep 11, 2003
Secretary of State

Entity Name: DOC PARKER'S MEDICINE SHOW, INC.

Current Principal Place of Business:

324 COTTRILL AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

119 S. ADAMS ST.
DAYTONA BEACH, FL 32114

Current Mailing Address:

324 COTTRILL AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

119 S. ADAMS ST.
DAYTONA BEACH, FL 32114

FEI Number: 59-3663197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, WILLIAM M
324 COTTRILL AVE
DAYTONA BEACH, FL 32114

Name and Address of New Registered Agent:

PARKER, WILLIAM M
119 S. ADAMS ST.
DAYTONA BEACH, FL 32114

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:

09/11/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BRATTY, R BRUCE
Address: 1 SMITH STREET COURT
City-St-Zip: DELAND, FL 32724

Title: SD () Delete
Name: PARKER, DARLENE H
Address: 324 COTTRILL AVENUE
City-St-Zip: DAYTONA BEACH, FL 321142606

Title: TD () Delete
Name: MORRISEY, DAN
Address: 4536 S MOON TRAIL
City-St-Zip: PORT ORANGE, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE H. PARKER

SD

09/11/2003

Electronic Signature of Signing Officer or Director

Date