2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DALLAS TX 75219-0868

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 190868

DOCUMENT # N9300004026

Entity Name

JENNIFER LANE

401 MOTOM TX 76018

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

5050 Twin Oaks East

THE RANDALL PARR ORGANIZATION, INC.

City & State		City & State			4. FEI Number 58-1815037			Appli		
Tyler, TX						-20-10 12037 -			pplicable	
75704	Country USA	Zip	Country		5. Certificate of Status Desired S8.75 Fee Req				onal	
<u> </u>		7. Name and Address of New Registered Agent								
				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
DOSS, THO	50001703/555 (1.0. 557703/105/101755/									
	STERN BLDG.		-					-		
	500 E. ALTAMONTE DR.		City				Zip	Code		
ALTAMONT	E SPRINGS FL 32701		City			F	L		j	
8. The above	named entity submits this statement for	egistered office or r	egistere	ed agent, or both	, in the state of Florida.					
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)										
FILE NOW: 9. Election Can			n Financing \$		D May Be	Make Check Payable to		e to	1	
	FEE IS \$61.25	Trust Fund Contribut	tion.		to Fees	Department of State				
		<u> </u>								
10.	OFFICERS AND DIRE	CTORS	11.		DDITIONS/CHA	ONS/CHANGES TO OFFICERS AND DIREC				
TITLE	OP _	☐ Defete	TITLE	VD			Æ Cha	.nge [Addition	
NAME	PARR, THOMAS R		NAME	Barry Owens					{	
STREET ADDRESS	201 JENNIFER LANE		STREET ADDRESS	14119 E 33rd Street					{	
CITY-ST-ZIP	ARLINGTON TX		CITY-ST-ZIP	Tulsa, OK 74134						
	SD	Delete	TITLE	S			X Cha	inge [☐ Addition	
NAME	WARNOCK; CHARLES E	Λ	NAME	Rhonda G Baird						
	RT 2 BOX 50° N/A	-	STREET ADDRESS -	3221 Commerce St. #108					j	
CITY-ST-ZIP	KILGORE TX	·	CITY-ST-ZIP	Dallac TV - 75226						
TITLE	DV	X Delete	TITLE	Ballas, TX 75226			։ 🗀 Cha	.nge	🔀 Addition	
NAME	PETERSON, TIMOTHY V		NAME	David Timmons					(
STREET ADDRESS	1804 NORTHBROOK PLACE NE		STREET ADDRESS	Box 311						
CITY-ST-ZIP	OWATONNA MN 55060		CITY-ST-ZIP	Davenport, OK 74026						
TITLE		☐ Delete	TITLE	DP			X Cha	ınge	Addition	
NAME	•		NAME	Thomas R Parr					1	
STREET ADDRESS			STREET ADDRESS	5050 Twin Oaks East				}		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		e r, TX-		<u> </u>			
TITLE,		☐ Delete	TITLE	-1-	o., 111	73704	☐ Cha	.nge [Addition	
NAME			NAME)	
STREET ADDRESS			STREET ADDRESS						}	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE				☐ Cha	inge [Addition	
NAME			NAME						ļ	
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 disceed empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all officer in the providered.										

Randall Parr

FILED

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90045 006 ****61.25

-903-593-5214

4/18/00

B0077805

DO NOT WRITE IN THIS SPACE