2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am **DOCUMENT # N93000004026 Secretary of State** THE RANDALL PARR ORGANIZATION, INC. 03-07-2002 90234 025 ****61.25 Principal Place of Business Mailing Address 3221 COMMERCE ST P.O. BOX 190868 DALLAS TX 75219-0868 DALLAS TX 75226 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1815037 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOSS, THOMAS E III GREAT WESTERN BLDG. SUITE 210, 500 E. ALTAMONTE DR. **ALTAMONTE SPRINGS FL 32701** City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PARR, THOMAS R NAME NAME 5050 TWIN LAKES EAST STREET ADDRESS STREET ADDRESS TYLER TX 75704 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WALKER, JEFF NAME 34-500 BOB HOPE DRIVE STREET ADDRESS STREET ADDRESS RANCHO MIRAGE CA 92270 CITY-ST-ZIP CITY-ST-ZIP TITLE _TITLE . - Delete — --TIMMONS, DAVID NAME NAME 116 W 5TH STREET ADDRESS STREET ADDRESS DAVENPORT OK 74206 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition BAIRD, RONDA G Baird, Rhonda G NAME NAME 3221 COMMERCE ST 108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dallas TX 75226 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME 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 accidate 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 ecciver or trustee enjoying of the 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 of the provided statutes.

SIGNATURE: Randall Parr