,2000 UNIFORM BUSINESS REPORT (UBR)
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CICADA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

بديري	Citii Chin DOSi	MESS NEFO		CODI	•,						Ž	
DOCUMENT # N9700000589  1. Entity Name							jki arviši	FII UKETAR ION OF C	LED Y OF ST CORPORA	AIE	8	
PARC SUPPORT SERVICES, INC.							00.	DEC -1	ORPOR <i>i</i> P <b>M  :</b>	ATIONS IO		
Principal Place of Business Mailing Address								1	: 11 11	40		
3190 TYRONE ST PETERSBU	BLVD. NORTH RG FL 33710	3190 TYRONE BLVD. NORTH ST PETERSBURG FL 33710					•					
Principal Place of Business     3. Mailing Address												
Suite, Apt.		Suite, Apt. #, etc.			REIN	S TATE	TEUN THISS	SPACE (		Ì		
City & Stat	9	City & State				4. FEI Number						
Zip	Country	Zip Cou		ıntry	5 Certificate of Status Desired VI \$8.75 A			\$8.75 Add	litional	1		
6. Name and Address of Current Registered Agent				Name		7. Name and	Address of New F	Registered A	Agent		] 3.	
THOMAS, CURTIS D					Street Address (P.O. Box Number is Not Acceptable)							
3190 TYRONE BLVD. NORTH ST PETERSBURG FL 33710				00000350087 -12/14/0001016						<b>-</b> 5	1	
OI PEIER			City ****24					************		1		
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or	register	ed agent, or bot	n, in the state of Flo	orida.				
SIGNATURE ,	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	d Agent signatu	re required	when reinstating)		DATE				
FILE NOW: FEE IS \$61.25 9. Election Campaign						.00 May Be	Mak	e Check I	Payable to	)	1	
After September 13, 2000 min. will be \$236.25				on. L	Department of State							
TITLE .	OFFICERS AND DIR	ECTORS Delete	11.	. 1		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIF	RECTORS IN	10 Addition	∤g	
NAME STREET ADDRESS CITY-ST-ZIP	HOLLAND, JUDY 4020 11 STREET NORTH ST. PETERSBURG FL 33703	A cereia	NAM STRE	I	7.36	FTON, ME	L ILK DRIVE K FL 3378	0	Onlings	~ Audition	CR2E037 (5/00)	
TITLE NAME STREET ADDRESS	D GADDY, RODNEY 11913 KEATING DRIVE	Delete	TITLE NAM STRE	I	D STR	OSS, JOH	1		☐ Change	Addition	B	
- CITY-ST-ZIR	TAMPA FL-33626-2531		1	-ST-ZIP	430 ST.	PARK ST	REET NORTH	10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oconnell, Paul 9731 Sago Point Dr Largo Fl 33777	<b>D</b> elete		I	D MED 430	LEY, MAR 0 45 STRI			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILKINGTON, DAVID 11701 BELCHER RD, STE. 104 LARGO FL 33643	Delete		I	D PIL 117	KINGTON.	DAVE ER ROAD, S		□ dhange	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete HEEREN, BRIAN 8632 LONGWOOD DRIVE LARGO FL 33777			E EET ADDRESS - ST-ZIP	D Change CARR, SKIP 6518 4 STREET NORTH ST. PETERSBURG FL 33702						-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		l l	D GAD ONE	DY, RODNI PROGRES		UITE 15	□ Change 500	Addition		
indicated	sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an addicact	true and accurate and that my	/ eianat	turo ehall ha	ed in Se	ction 119.07(3)(i	), Florida Statutes.	I further cert	m an officer	or director		

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7a) 345-91, Daytime Phone #