

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

004270

DOCUMENT # N97000000589

1. Entity Name

PARC SUPPORT SERVICES, INC.

04-02-2002 90044 037 *****70.00

Principal Place of Business Mailing Address
3190 TYRONE BLVD. NORTH **3190 TYRONE BLVD. NORTH**
ST PETERSBURG FL 33710 **ST PETERSBURG FL 33710**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3438574**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, CURTIS D
3190 TYRONE BLVD. NORTH
ST PETERSBURG FL 33710

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFTON, MEL	
STREET ADDRESS	7364 WATERSILK DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROSS, JOHN	
STREET ADDRESS	430 PARK STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDLEY, MARTY	
STREET ADDRESS	4300 45 STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILKINGTON, DAVE	
STREET ADDRESS	11701 BELCHER RD, STE. 104	
CITY-ST-ZIP	LARGO FL 33643	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, SKIP	
STREET ADDRESS	6518 4 STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GADDY, RODNEY	
STREET ADDRESS	ONE PROGRESS PLACE, SUITE 1500	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Curtis D.	
STREET ADDRESS	3190 Tyrone Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33743-7799	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee 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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/15/02 727345-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)