

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90956 040 ****70.00

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1. Entity Name

PARC SUPPORT SERVICES, INC.



Principal Place of Business

**3190 TYRONE BLVD. NORTH
ST PETERSBURG FL 33710**

Mailing Address

**3190 TYRONE BLVD. NORTH
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D CLIFTON, MEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7364 WATERSILK DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE NAME	D STROSS, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	430 PARK STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE NAME	D MEDLEY, MARTY	<input type="checkbox"/> Delete
STREET ADDRESS	4300 45 STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE NAME	D PILKINGTON, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	11701 BELCHER RD, STE. 104	
CITY-ST-ZIP	LARGO FL 33643	
TITLE NAME	D CARR, SKIP	<input type="checkbox"/> Delete
STREET ADDRESS	6518 4 STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE NAME	P THOMAS, CURTIS D	<input type="checkbox"/> Delete
STREET ADDRESS	3190 TYRONE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33743-7799	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Mark LaPrade	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11 Paradise Lane	
CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE NAME	D CRAWFORD, BRUCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7425 WATERSILK DR	
CITY-ST-ZIP	PINELLAS PARK FL 34666	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

727-345-9111

CR2E037 (10/02)