

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000776

1. Entity Name

PARENTAL HOMES, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90055 005 ****61.25

Principal Place of Business

2235 PARENTAL HOME RD
JACKSONVILLE FL 32216
US

Mailing Address

2235 PARENTAL HOME RD
JACKSONVILLE FL 32216
US

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 59-3492597

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

STOCKWELL, CAROLYN
5221 MANN MANOR LANE
JACKSONVILLE FL 32210

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.

SIGNATURE

Carolyn Stockwell
Signature, typed or printed name of registered agent and title if applicable.

Carolyn Stockwell
(NOTE: Registered Agent signature required when reinstating)

2-1-02
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

TITLE DP
NAME STOCKWELL, CAROLYN
STREET ADDRESS 5221 MANN MANOR LN
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D
NAME BROADHURST, FRANCES
STREET ADDRESS 4703 E TARA WOODS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D
NAME SMITH, BARBARA
STREET ADDRESS 4041 DELLWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Carolyn Stockwell
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)