

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-20-2001 90022 030 ***150.00

DOCUMENT # P00000002315

1. Entity Name
PARKER GROUP, INC.

Principal Place of Business
**135 MANGO STREET
FORT MYERS F: 33931**

Mailing Address
**135 MANGO STREET
FORT MYERS F: 33931**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0979463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHENKO, WILLIAM E JR
2801 ESTERO BLVD.
SUITE C
FORT MYERS BEACH FL 33931**

Name **Parker, Angela L.**
Street Address (P.O. Box Number is Not Acceptable)
135 Mango Street
City **Fort Myers Beach** FL Zip Code **33931**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D PARKER, TERRENCE T**
STREET ADDRESS **135 MANGO STREET**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Parker, Angela L.**
STREET ADDRESS **135 Mango Street**
CITY-ST-ZIP **Fort Myers Beach, FL 33931**

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

TITLE ☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrence Parker

3/15/01

Date

941-463-8711

Daytime Phone #

CR2E034 (10/00)