

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022075

1. Entity Name

PARRAMORE SURPLUS, INC.

Principal Place of Business

11133 BLUE STAR HWY.
QUINCY FL 32351

Mailing Address

P.O. BOX 671
MT. PLEASANT FL 32352

2. Principal Place of Business

3. Mailing Address

11133 Blue Star Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy Mt. Pleasant

Zip

Zip

32352

Country

USA

6. Name and Address of Current Registered Agent

PARRAMORE, BONNIE R
11133 BLUE STAR HWY.
QUINCY FL 32351

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's 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 D
NAME PARRAMORE, BONNIE
STREET ADDRESS P.O. BOX 671
CITY-ST-ZIP MT. PLEASANT FL 32352

Delete

TITLE D
NAME PARRAMORE, HOUSTON A
STREET ADDRESS P.O. BOX 671
CITY-ST-ZIP MT. PLEASANT FL 32352

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Director, President Change
11133 Blue Star Hwy
Mt. Pleasant, FL 32352

Director, Vice President Change
11133 Blue Star Hwy
Mt. Pleasant, FL 32352

Change Addition

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:

Bonnie R. Parramore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 850-856-5421
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)