

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022075

1. Entity Name
PARRAMORE SURPLUS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90337 018 ***150.00

Principal Place of Business
11133 BLUE STAR HWY.
QUINCY FL 32351

Mailing Address
P.O. BOX 671
MT. PLEASANT FL 32352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
11133 Blue Star Hwy.
Suite, Apt. #, etc.
City & State
Quincy Mt. Pleasant
Zip
32352
Country
USA

4. FEI Number
59-2618346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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	<input type="checkbox"/> Delete
NAME	PARRAMORE, BONNIE	
STREET ADDRESS	P.O. BOX 671	
CITY-ST-ZIP	MT. PLEASANT FL 32352	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRAMORE, HOUSTON A	
STREET ADDRESS	P.O. BOX 671	
CITY-ST-ZIP	MT. PLEASANT FL 32352	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>11133 Blue Star Hwy</i>	
STREET ADDRESS	<i>mt. Pleasant, FL 32352</i>	
CITY-ST-ZIP		
TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>11133 Blue Star Hwy</i>	
STREET ADDRESS	<i>mt. Pleasant, FL 32352</i>	
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		

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. Paramore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/00)