FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2002 8:00 am Secretary of State DOCUMENT # P00000058539 1. Entity Name 01-25-2002 90010 018 ***150.00 PARKER CONSTRUCTION & REPAIRS, INC. Principal Place of Business Mailing Address 2 832 E. NEW YORK AVE 832 E. NEW YORK AVE DELAND FL 32724 DELAND FL 32724 $\kappa \approx 6.05$ 2. Principal Place of Business 3. Mailing Address 525 Daley 525 Dale45+ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 調子賞 59-3652777 orange 19 sarae Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32763 blusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **Varker** PARKER, RAYMOND C JR 832 E. NEW YORK AVE DELAND FL 32724 Zip Code 32763 8. The above named entity submits this statement purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE.NOW!!!-FEE IS \$150.00 ___ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE CR2E034 (9/01) Change Parker Raymond C NAME PARKER, RAYMOND D JR NAME STREET ADDRESS 525 Daley St 832 S. NEW YORK AVE STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR