

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 18, 2001 8:00 am
Secretary of State

04-26-2001 90315 040 ***150.00

DOCUMENT # P00000067344

1. Entity Name

PARMELEE PROPERTIES, INC.

Principal Place of Business

4500 140TH AVENUE NORTH
 SUITE 101
 CLEARWATER FL 33762

Mailing Address

4500 140TH AVENUE NORTH
 SUITE 101
 CLEARWATER FL 33762

2. Principal Place of Business

6571 43rd St. No.
 Suite, Apt. #, etc.
 Unit 1713

3. Mailing Address

6571 43rd St. No.
 Suite, Apt. #, etc.
 Unit 1713

City & State

Pinellas Park, FL

City & State

Pinellas Park

4. FEI Number

59-3687030

Applied For

Not Applicable

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PARMELEE, J. D
 4584 FOX LAKE CT.
 CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name Audrey Parmelee

Street Address (P.O. Box Number is Not Acceptable)

4584 FOX LAKE CT.

City

Clearwater

FL

Zip Code

33762

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

Audrey Parmelee Audrey Parmelee, Director

05-10-01

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	D	<input checked="" type="checkbox"/> Delete
NAME	PARMELEE, J. D	
STREET ADDRESS	4584 FOX LAKE COURT	
CITY-STATE-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARMELEE, AUDREY	
STREET ADDRESS	4584 FOX LAKE COURT	
CITY-STATE-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHELLE	
STREET ADDRESS	1032 PINE RIDGE CIRCLE	
CITY-STATE-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEFFINGTON, JAN	
STREET ADDRESS	233 WILLIAMS STREET	
CITY-STATE-ZIP	AURORA IL 60506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Audrey Parmelee Audrey Parmelee 4-19-01 727-573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)