

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 19, 2001 8:00 am**
Secretary of State

05-19-2001 90275 020 ***150.00

DOCUMENT # P000000110747
1. Entity Name
Parker Kelly Realty, Inc.**Principal Place of Business**
9366 Oakhurst Rd
Mailing Address**2. Principal Place of Business**
9366 Oakhurst Rd
Suite, Apt. #, etc. #106
3. Mailing Address
Same
Suite, Apt. #, etc.**City & State**
Seminole, FL
City & State
Zip
33776
Country
Pinellas**4. FEI Number**
36-4406549
Applied For
☐ **\$8.75 Additional Fee Required**
5. Certificate of Status Desired ☐

DO NOT WRITE IN THIS SPACE

708381

6. Name and Address of Current Registered Agent
Alexis P. Maynard
9573 Commodore Dr.
Seminole, FL 33776**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** Alexis P Maynard **DATE** 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Zangari (Director) <input checked="" type="checkbox"/> Delete P.O. Box 1442 Largo, FL 33779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jason Maynard 9573 Commodore Dr. Seminole, FL 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Alexis P Maynard **DATE** 4/30/01 **Daytime Phone #** 727-596-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)