

2002 UNIFORM BUSINESS REPORT (UBR).

0391286 AT

DOCUMENT # P01000093310

1. Entity Name

PARCOR, INC.

FILED

02 SEP 12 AM 8:29

Principal Place of Business

POST OFFICE BOX 676
OSTEEN FL 32764

Mailing Address

POST OFFICE BOX 676
OSTEEN FL 32764

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3744556

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, JAMES T
190 S. STATE ROAD 415
OSTEEN FL 32764

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PARKER, JAMES T
POST OFFICE BOX 676
OSTEEN FL 32764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700007807297--5
-09/17/02--01065--007
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

James T Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-02 407-330-3562
Date Daytime Phone #

CR2E034 (9/01)

ParCor Inc.

**P.O. Box 676
Osteen, FL 32764**

August 28, 2002

Florida Department of State

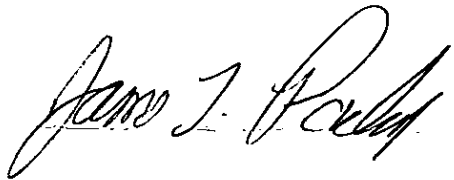
To Whom It May Concern,

I, James T. Parker owner of ParCor Inc. am requesting that you will accept payment of \$ 150.00 for filing fee of the Uniform Business Report, and please eliminate late fee of \$ 400.00. The reason for this request is due to the fact that my wife, Barbara Parker, who was doing the bookkeeping for my small business, became severely ill in November 2001. She has been diagnosed with Hepatitis C, and suffers from severe back pain from two previous back surgeries. Medications to treat these illnesses greatly have impaired her ability to perform any type of business functions. I now have a new bookkeeper who is taking care of all matters previously overlooked. Medical records are available if necessary.

If you have any questions regarding this matter, please contact me at 407-417-1862, thank you for your consideration.

Respectfully,

James T. Parker



jtp/bc