

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90145 013 ***150.00

0027291 AV

DOCUMENT # P02000016582

1. Entity Name

PARKER APPRAISALS, INC.



Principal Place of Business
**9041 NW 19TH STREET
PEMBROKE PINES FL 33024**

Mailing Address
**9041 NW 19TH STREET
PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0609254

Applied For

Not Applicable

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

**VEREBAY, LAYNE
888 S.E. 3RD AVENUE
SUITE 400
FT. LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **PARKER, THOMAS**
STREET ADDRESS **9041 NW 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **PARKER, THOMAS**
STREET ADDRESS **9041 NW 19TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS E PARKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

JULY 30, 2003

90148829
PO2000016582

THOMAS E PARKER
8251 NW 11 COURT
PEMBROKE PINES, FL 33024

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

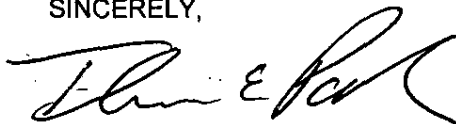
IN MY MOVING TO ANOTHER ADDRESS I BELIEVE I EITHER MISPLACED THE FIRST MAILING OR I JUST DID NOT RECEIVE IT. I JUST RECEIVED MY SECOND MAILING. I HAVE BEEN WAITING FOR IT TO ARRIVE, NOT KNOWING WHEN TO EXPECT IT.

MY CURRENT ADDRESS IS NOW 8251 NW 11 COURT, PEMBROKE PINES, 33024. MY OLD ADDRESS WAS 9041 NW 19 STREET, PEMBROKE PINES, 33024. I THOUGHT I HAD ALREADY TAKEN CARE OF THE ADDRESS CHANGE UPON MY MOVING.

ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF \$150.00. I HOPE YOU WILL FORGIVE MY IGNORANCE IN THIS MATTER, AND I HOPE THAT YOU WILL FORGIVE ME THE LATE FEE.

I AM SORRY FOR ANY INCONVENIENCE THIS MATTER MAY HAVE CAUSED. THANK YOU FOR YOUR PATIENCE AND UNDERSTANDING.

SINCERELY,



THOMAS E PARKER