

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90245 042 \*\*\*150.00

**DOCUMENT # P02000017721**

1. Entity Name  
**PARKER PROPERTIES OF GAINESVILLE, INC.**



Principal Place of Business  
**4421 N.W. 39TH AVENUE  
SUITE 1-2  
GAINESVILLE FL 32606**

Mailing Address  
**4421 N.W. 39TH AVENUE  
SUITE 1-2  
GAINESVILLE FL 32606**

2. Principal Place of Business  
**20232 NW 62 Ave**

3. Mailing Address  
**20232 NW 62 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Alachua FL**

City & State  
**Alachua FL**

4. FEI Number  
**74-3043171**

Applied For  
☐ Not Applicable

Zip  
**32615**

Country  
**US**

Zip  
**32615**

Country  
**US**

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**

**JOHNSON, CARL L  
4421 N.W. 39TH AVENUE  
SUITE 1-2  
GAINESVILLE FL 32606**

Name **Justin D. Green**  
Street Address (P.O. Box Number is Not Acceptable)  
**20232 N.W. 62 Avenue**  
City **Alachua** **FL** Zip Code **32615**

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

**Justin D. Green** **1-23-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **D** ☒ Delete  
NAME **JOHNSON, CARL L**  
STREET ADDRESS **4421 N.W. 39TH AVENUE, SUITE 1-2**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **Joyce P. Green**  
STREET ADDRESS **20232 N.W. 62 Ave**  
CITY-ST-ZIP **Alachua FL 32615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Justin D. Green**  
STREET ADDRESS **20232 NW 62 Ave**  
CITY-ST-ZIP **Alachua FL 32615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☐ Change ☒ Addition  
NAME **George W. Green Jr.**  
STREET ADDRESS **20232 NW 62 Ave**  
CITY-ST-ZIP **Alachua FL 32615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: REQUIRED** **Joyce P. Green** **1-23-03** **352-332-6777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)