

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90495 047 ***150.00

DOCUMENT # P02000053954

1. Entity Name
THE PARKIN LOT, INC.



Principal Place of Business
3241 COPPER RIDGE CIRCLE
CANTONMENT FL 32533

Mailing Address
3241 COPPER RIDGE CIRCLE
CANTONMENT FL 32533

10001004



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3241 copper ridge circle
Suite, Apt. #, etc.

3. Mailing Address
3241 copper ridge circle
Suite, Apt. #, etc.

City & State
Cantonment FL

City & State
Cantonment FL

4. FEI Number 01-0672955 ☒ Applied For
Not Applicable

Zip 32533 **Country** USA

Zip 32533 **Country** USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKIN, KEVIN
3241 COPPER RIDGE CIRCLE
CANTONMENT FL 32533

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

SIGNATURE *KEVIN PARKIN*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

27 Feb 03

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 Kevin E. Parkin, Officer ☐ Delete
NAME
STREET ADDRESS 3241 copper ridge circle
CITY-ST-ZIP cantonment, FL 32533

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

TITLE Debra R. Parkin, Director ☐ Delete
NAME
STREET ADDRESS 3241 copper ridge circle
CITY-ST-ZIP cantonment, FL 32533

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Feb 03 (850) 505-4894

Date

Daytime Phone #

CR2E034 (10/02)