## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P02000126058

1. Entity Name

WILMA J. PARKER GRADING INC.

## **FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90078 034 \*\*\*150.00

					1	WE WE						
Principal Place of Business 27368 SOULT RD. BROOKSVILLE FL 34602			2736	Mailing Address 27368 SOULT RD. BROOKSVILLE FL 34602								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number Applied For Not Applicable					
Zip Country			Zip		Country			te of Status Desired	, u .	\$8.75 Ade	ditional ed	
6. Name and Address of Current R							7. Name and Address of New Registered Agent					
					Nai	me						
PARKER, WILMA J 27368 SOULT RD.				Street Addres			(P.O. Box Number is Not Acceptable)					
BROOKS	VILLE FL 34	602										
				City					FL	Zip Cod		
the obligat	tions of regist	v submits this statement ered agent.			: Registered Agent			om, in the state of r	DATE	amiliar With,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
10.	i	OFFICERS AND	DIRECTO	RS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, 1 27368 SOI BROOKSV	VILMA J JLT RD. ILLE FL 34602		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDR	ESS S-			· The second	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR	ESS	<del>.</del>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
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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: