## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # PO3000026747

1. Entity Name

R.T. Parker Construction, Inc

05-03-2004 90734 023 \*\*\*150.00

| DO NOT WRITE IN THIS SPACE   |  |   |   |
|--|--|---|---|
| 2. Principal Place of Business  138 Manning Cenetery 1288 Manning  Suite, Apt. #, etc.  3. Mailing Address  Suite, Apt. #, etc.  |  | gloue-terykt                            | DO NOT WRITE'IN THIS SPACE  |
| Jack Spoville, Fl  | & State  K Sonville, Fl City & State  City & State |   | 4. FEI Number Applied For Not Applicable  |
| Zip Country  | Zip  | Country                                 | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required        |
| 7. Name and Address of Current Registered Agent  Name Richard Thanker Je  Straft Andress (P.O. Bax Number is Not Acceptable)  THIS SPACE  7. Name and Address of Current Registered Agent  Name Richard Thanker Je  Straft Andress (P.O. Bax Number is Not Acceptable)  PROPERTY OF THE PROPER |  |   |   |
| 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 payried name of registered about and all by if applicable (NOTE: Registered Aport signature required when reinstating)  Determine the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |   |   |
| January 1 - May 1 - Fee is \$150.00  After May 1 - Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department   |  | Registered Agort signature required     | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| President<br>STREET ADDRESS<br>CITY-ST-ZIP  President Pichard T. Fack T288 Hanning Ce  |  | TITLE NAME STREET ACCIPESS CITY-ST-ZIP. |   |
| NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  SCCIENCY  SCCIENCY  TO THE STREET ADDRESS TO THE  | Ceneteryld   | TITLE NAME STREET ADDRESS CITY-ST-ZIR   |   |
| TITLE JACKSONVILLE, I<br>NAME-<br>STREET ADDRESS<br>CITY-ST-ZIP  | C 3223(  | ITILE ITAME STREET ADDRESS #CITY-ST-ZIP | DO NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | IN THIS SPACE   |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  |  | NAME STREET ADDRESS CITY ST. ZIP        |   |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP  |  | NTLE NAME STREET ADDRESS CITY-ST ZIP    |   |

12. Thereby certify that the information supplied with this filling 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 umpowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

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