

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 029 ***150.00

0144759 SP

DOCUMENT # P93000088172

1. Entity Name

PARCHER CORPORATION

Principal Place of Business

**302 A 15120 PORTS OF JONA DR
 FT. MYERS FL 33908
 US**

Mailing Address

**302 A 15120 PORTS OF JONA DR
 FT. MYERS FL 33908
 US**

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

52-0810620

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

PARCHER, JAMES H

**17062 MARINA COVE LANE 302 A 15120 Ports of Jona DR
 FT. MYERS FL 33908**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD PARCHER, JAMES H**
 STREET ADDRESS **17062 MARINA COVE LANE 302 A Ports of Jona DR**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME **STD PARCHER, JEAN W**
 STREET ADDRESS **17062 MARINA COVE LANE 302 A Ports of Jona DR**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME **VD PARCHER, KENNETH B**
 STREET ADDRESS **P.O. BOX 135-173 196 208 George St.**
 CITY-ST-ZIP **GEORGETOWN MD 21830 Chesapeake City MD 21915**

TITLE ☐ Delete
 NAME **D PARCHER, DAVID W**
 STREET ADDRESS **11479 STATION RD.**
 CITY-ST-ZIP **WORTON MD**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean W. Pancher, Sec. Treas.
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

attachment

~~DOC.~~ # P930000088172

CONFIRM2

Division of Corporations

We were advised to send
\$100. instead of the late fee of
\$150 because we never re-
ceived the 1st application.

Perhaps it was mailed to our
former address? Thank you for
your consideration. Jean W. Farber