2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P93000088172

1. Entity Name PARCHER CORPORATION



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90038 028 ***150.00

Principal Place o 302 A 15120 POI FT. MYERS FL 3 US	RTS OF IONA DR	Mailing Address 302 A 15120 PORTS OF IONA DR FT. MYERS FL 33908 US			90005523 					
Principal Place of Business 3. Mailing Address					_ 	HINDA 1988 SATON STAIN AND THE MAIN	Elili ediat ins	[
Suite, Apt. #,		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES Applied For				
	<u>and the Cartestan</u> Michigan Carlos and	City & State			4. FEI Number 52-0810620			Not A	pplicable	
Zip (Country Country	Zip	Countr	у	1	ate of Status Desired	Fe	8.75 Addition	onal	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New R	gistereu Ag	e		
					Name					
PARCHER, JAMES H 302 A 15120 PORTS OF IONA DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
FT. MYERS			ſ	<u> </u>						
			ŀ	City			FL	Zip Code		
	named entity submits this statement for	or the purpose of changing it	s registere	d office or regi	stered agent, or	both, in the State of Flo	rida. I am fa	miliar with, ar	nd accept	
8. The above r the obligation	named entity submits this statement to ons of registered agent.	or the purposes of county of	J							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature rec	quired when reinstating)	DATE			
FI After	LE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00		• .	- <u>-</u>	J . 9.	Election Campaign: Fit Trust Fund Contribution	nancing - n. \square	\$5.00 Added	May Be to Fees	
Make Check	Payable to Florida Department of		11.		ADDITIO	NS/CHANGES TO OF	ICERS AND	DIRECTORS	IN 11	
10.	OFFICERS AND	Delete	TITL					Change	Addition	
TITLE	PD PARCHER, JAMES H	☐ Delete	NAM						ļ	
NAME STREET ADDRESS	302 A PORTS OF IONA DRIVE			EET ADDRESS						
CITY-ST-ZIP	FT.MYERS FL		CITY	'-ST-ZIP				☐ Change	Addition	
TITLE	STD	☐ Delete	TITL					Change		
NAME	PARCHER, JEAN W		NAN CTD	AE EET ADDRESS						
STREET ADDRESS	302 A PORTS OF IONA DRIVE			Y-ST-ZIP						
CITY-ST-ZIP	FT. MYERS FL		TITE	E			_	☐ Change	Addition	
TITLE	VD PARCHER, KENNETH B	L Doloto	NA	viE .						
NAME STREET ADDRESS	190 208 GEORGE STREET			REET ADDRESS						
CITY-ST-ZIP	CHESAPEAKE CITY MD 21915		CIT	Y-ST-ZIP				☐ Change	Addition	
TITLE	D	☐ Delete	TIT	, i		•			_	
NAME	PARCHER, DAVID W			ME REET ADDRESS						
STREET ADDRESS	11479 STATION RD. WORTON MD			Y-ST-ZiP						
CITY-ST-ZIP	WORTON MD	☐ Delete		ILE				Change	Addition	
TITLE			N/A	ME				,		
NAME STREET ADDRESS				REET ADDRESS	-	والمستوالية والمستوالية	6 - St 1 :		# "#"	
CITY-ST-ZIP		<u> </u>	-+	TY-ST-ZIP		* 1,4 - 175 1, 69 313, 100		 Change	Addition	
TITLE		☐ Delete	R	TLE AME						
NAME				REET ADDRESS						
STREET ADDRESS	5		C	TY-ST-ZIP					*	
CITY-ST-ZIP		and the second s	u for the e	vernation state	d in Section 119	07(3)(i), Florida Statute	s. I further co	ertify that the	intermation	

12. Thereby 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.

LE SAR THOS WEAR W. PARCHER Son 1403 1-14.03