2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400009014 Sep 05, 2000 08:00 AM **Secretary of State** J. PARKER INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 703 ROBERTS MILL ROAD P. O. BOX 340 SILVER SPRINGS FL 37343 34489 US 2. Principal Place of Business 3. Mailing Address 703 ROBERTS MILL ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HIXSON TN 59-3219861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTRELL 2360 SE 173RD COURT Street Address (P.O. Box Number is Not Acceptable) SILVER SPRINGS 34488 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. 09/05/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Change ☐ Addition CANTRELL лту Е. NAME CANTRELL JUDY E. STREET ADDRESS 2360 SE 173RD COURT STREET ADDRESS 2360 SE 173RD COURT CITY-ST-ZIP SILVER SPRINGS 34488 CITY-ST-ZIP SILVER SPRINGS 34488 TITLE ☐ Delete VD. TITLE X Change ☐ Addition NAME NAME PARKER JAMES L PARKER JAMES L STREET ADDRESS 703 ROBERTS MILL RD STREET ACCRESS 703 ROBERTS MILL RD CITY-ST-ZIF HIXSON TN 37343 CITY-ST-7IP HIXSON TN 37343 TITLE ☐ Delete TILE PTM X Change ☐ Addition NAME PARKER NAME PARKER STREET ADDRESS 703 ROBERTS MILL RD 703 ROBERTS MILL RD STREET ADDRESS CITY-ST-ZIP TN 37343 CITY-ST-ZIP HIXSON 37343 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.

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