FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P9400000020768*

1. Entity Name

Donna Powell Parker, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
6135 7th Avenue North	6135 7th Avenue North		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number 59 3232993	Applied For
St. Petersburg, Fl	St. Petersburg, Fl		Not Applicable

Zip 33710	Country USA	Zip 33710	Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Donna Powell Parker**

Street Address (P.O. Box Number is Not Acceptable)

6135 7th Avenue North

City **St Petersburg**   **FL**   Zip Code **33710**

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 printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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 of State		9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Powell Parker, PRESIDENT 6135 7th Avenue North St. Petersburg, Fl 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Powell Parker, Pres*   5/15/03   727 3477368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034B (12/02)