

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005788

1. Entity Name

PARKER TRADING, INCORPORATED

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90163 046 \*\*\*150.00

Principal Place of Business

2655 NORTH OCEAN DRIVE SUITE 401  
SINGER ISLAND FL 33404

Mailing Address

2655 NORTH OCEAN DRIVE SUITE 401  
SINGER ISLAND FL 33404-4752

2. Principal Place of Business

140 INTRACOASTAL POINTE DR

3. Mailing Address

140 INTRACOASTAL POINTE DR

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City & State

JUPITER FL

City & State

JUPITER FL

4. FEI Number

65-0553865

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

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

PARKER, ROBERT E JR  
148 ATLANTIC RD  
NORTH PALM BEACH FL 33408

Name

WARRE SCOTT PARKER

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

724 SANDPIPER WAY

City

NORTH PALM BEACH

FL

Zip Code

33408

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

1/11/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 D  
NAME PARKER, ROBERT E JR  
STREET ADDRESS 148 ATLANTIC RD  
CITY-ST-ZIP NORTH PALM BEACH FL

☒ Delete

TITLE V  
NAME PARKER, WARREN S  
STREET ADDRESS 2655 NORTH OCEAN DRIVE #401  
CITY-ST-ZIP SINGER ISLAND FL 33404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00

561-745-2027