2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046169

| 1. Entity Name PARKER LAW FIRM, P.A. | | | | | | | Secretary of State 01-08-2001 90011 029 ***150.00 | | | | |
|---|----------|--|--|-------------|-------------------------------|--|---|------------------|--|----------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 2804 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308 | | | PO BOX 14436 TALLAHASSEE FL 32317-4436 US | | | | | 88m 4 181 | 2 E lj o j 14 815 8 | 111 5 1811 188 1 | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | - | DO NOT WRITE | IN THIS SF | PACE | | |
| City & State | | | City & State | | | 4. F | El Number 59-3319200 | | | plied For at Applicable | |
| Zip | | Country | Zip | Coun | ntry 5. Certificate of Status | | Certificate of Status Desired | | 8.75 Add ee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. N | lame and Address of New Reg | istered Ag | gent | | |
| _ | | | | | Name | | | | | | |
| Parker, Julius F Jr. 2804 Remington Green Circle Tallahassee Fl 32308 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| IALL | LAHASSEE | FL 32308 | | | | | | | | | |
| | | | | | City | | | FL | Zip Cod | e | |
| 8. The above | | y submits this statement for or printed name of registered agent ar | | | ed Office or regi | | ent, or both, in the State of Florid | 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 \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S | | | | 10. Election Campaign Finar Trust Fund Contribution. | ncing | | May Be I to Fees | |
| 11. | | OFFICERS AND D | DIRECTORS | 12. | | AO | DITIONS/CHANGES TO OFFIC | ERS AND L | DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2804 REN | JULIUS F JR. MINGTON GREEN CIRCL SSEE FL 32308 | □ Delete | | I . | | | | Change | Addition ! | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ,,,,,,, | ☐ Delete —— | NAM STRI | l l | | | | Change | ☐ Addition | |
| TITLE NAME | <u></u> | | □ Delete | TITL | | | | | ☐ Change | Addition | |

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

Delete

Delete

Change

Change

Addition

Addition

FILED

Jan 08, 2001 8:00 am

A C. AND COLUMN TO SERVICE OF THE PROPERTY OF