

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90100 044 \*\*\*150.00

**DOCUMENT # P95000081309**

1. Entity Name  
**THE PARRAMORE HOUSE, INC.**



Principal Place of Business  
**RT 1 BOX 155  
COUNTY RD 333  
BRISTOL FL 32321**

Mailing Address  
**RT 1 BOX 155  
COUNTY RD 333  
BRISTOL FL 32321**



2. Principal Place of Business  
**21948 NW CR 333**

3. Mailing Address  
**21948 NW CR 333**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BRISTOL FL**  
Zip  
**32321**

Country  
**Liberty**

City & State  
**BRISTOL FL**  
Zip  
**32321**

Country  
**Liberty**

4. FEI Number **59-3307711**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAUGHTREY, JOYCE  
RT 1 BOX 155  
COUNTY RD 333  
BRISTOL FL 32321**

7. Name and Address of New Registered Agent

Name  
**Daughtrey, Joyce**  
Street Address (P.O. Box Number is Not Acceptable)

**21948 NW CR 333**

City  
**BRISTOL**

FL Zip Code  
**32321**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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  
**PSD DAUGHTREY, JOYCE  
RT.11 BOX 173 AA  
BRISTOL-FL 32321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T DAUGHTREY, HENRY  
RT. 1 BOX 173AA  
BRISTOL FL 32321** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Joyce Daughtrey **JOYCE DAUGHTREY** 04-22-03 850-643-3223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)