

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031909

1. Entity Name

PARKHILL PROPERTIES, INC.

Principal Place of Business

4 VALLEY HOUSE MEWS
GREAT GLEN
LEICESTER EN LE8- 9GF

Mailing Address

4 VALLEY HOUSE MEWS
GREAT GLEN
LEICESTER EN LE8

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ENGLAND

Zip

Country

ENGLAND

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPPA, JOHN R II
1229 CENTRAL AVENUE
ST. PETERSBURG FL 33705

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PARKER, MICHAEL A.G.
4 VALLEY HOUSE MEWS, GREAT GLEN
LEICESTER, LE89GF ENGLAND

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
HILL, HELEN C
FOX END MAIN STREET, KEYHAM
LEICESTER, LE79JQ ENGLAND

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PARKER

30 MARCH 2000

Date 011-44-116-2593017 Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90004 030 ***150.00

628171



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3378905

Applied For
Not Applicable

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

CR2E034 (9/99)