

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90016 012 ***150.00

DOCUMENT # P96000093720

1. Entity Name
PARKCHESTER HOLDINGS, INC.

Principal Place of Business
 5355 TOWN CENTER ROAD
 SUITE 801
 BOCA RATON FL 33486

Mailing Address
 5355 TOWN CENTER ROAD
 SUITE 801
 BOCA RATON FL 33486



2. Principal Place of Business
 2500 N. MILITARY TRAIL
 Suite, Apt. #, etc.
 SUITE 480

3. Mailing Address
 2500 N. MILITARY TRAIL
 Suite, Apt. #, etc.
 SUITE 480

City & State
 BOCA RATON, FL
Zip
 33431
Country
 PALM BEACH

City & State
 BOCA RATON, FL
Zip
 33431
Country
 PALM BEACH

4. FEI Number
 65-0713385

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NEASE, MARIAN P
 5355 TOWN CENTER ROAD
 SUITE 801
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
 MARIAN P. NEASE
Street Address (P.O. Box Number is Not Acceptable)
 2500 N. MILITARY TRAIL
 SUITE 480
City
 BOCA RATON **FL** **Zip Code**
 33431

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 *Marian Pearlman Nease*
 Signature, typed or printed name of registered agent and title if applicable.

2/6/02
 (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEASE, MARIAN P 5355 TOWN CENTER ROAD BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2500 N. MILITARY TRAIL #480 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marian Pearlman Nease*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 (561) 241-0414
 Date Daytime Phone #

CR2E034 (9/01)