

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 015 ***150.00

DOCUMENT # P96000103112

1. Entity Name
J C PARKMAN, Inc

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|---------------------|---------|
| Principal Place of Business 31010 Paradise Commons | | 3. Mailing Address | |
| Suite, Apt. #, etc. 415 | | Suite, Apt. #, etc. | |
| City & State FERNANDINA Beach, FL | | City & State | |
| Zip 32034 | Country USA | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3423174 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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IN THIS SPACE**

| | | |
|---|--|--------------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name Jim Parkman | Street Address (P.O. Box Number is Not Acceptable) 31010 PARADISE Commons #415 | |
| City FERNANDINA Bch | State FL | Zip Code 32032 |

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  (NOTE: Registered Agent signature required when reinstating) DATE **4/4/02**

| | | | |
|--|--|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Jim PARKMAN 31010 PARADISE Commons #415 FERNANDINA Bch, FL 32032 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **4/4/02** Daytime Phone #

CR2E034B (12/01)