## **2001 UNIFORM BUSINESS REPORT (UBR)**

KHNDETT

SIGNATURE:

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## May 15, 2001 8:00 am Secretary of State **DOCUMENT # P97000005551** 1. Entity Name PARKER & HAFNER, P.A. 05-15-2001 90149 050 \*\*\*150 00 Mailing Address Principal Place of Business 2050 W BAY DR 2050 W BAY DR 765201 LARGO FL 33770 LARGO FL 33770 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3435032 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAFNER, RANDELL Street Address (P.O. Box Number is Not Acceptable) 2055 W BAY DR LARGO FL 33770 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ;R2E034 (10/00) ☐ Delete TITLE TITLE HAFNER, RANDELL NAME NAME STREET ADDRESS 2050 W BAY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Change ☐ Addition ☐ Delete PARKER, CHERIE NAME 2050 W BAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33770** CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered 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 attach ment was an address. With all other like employers.

1 127-518-050

FILED