

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90083 012 \*\*\*150.00

**DOCUMENT # P97000079583**

1. Entity Name

**J PARKS, INC.**



Principal Place of Business

**101 S. FRANKLIN ST.**

**#100**

**TAMPA FL 33602**

**US**

Mailing Address

**PO BOX 271510**

**TAMPA FL 33688-1510**

**US**

2. Principal Place of Business

**4159 Northmeadow Cr.**

3. Mailing Address

**P.O. Box 271510**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip **33624**

Country

**USA**

Zip

**33688-1510**

Country

**USA**

4. FEI Number

**59-6467983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PARKS, JAMES M**

**101 S. FRANKLIN ST.**

**#100**

**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

**Parks, James M.**

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

**4159 Northmeadow Cr.**

City

**Tampa**

**FL**

Zip Code

**33624**

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

*James M. Parks*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-03**

**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	<b>D</b> <b>PARKS, JAMES M</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>101 S. FRANKLIN ST. #100</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE NAME	<b>V</b> <b>PARKS, BEVERLY P</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>101 SOUTH FRANKLIN STREET #100</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>President</b> <b>Parks, James M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4159 Northmeadow Cr.</b>	
CITY-ST-ZIP	<b>Tampa FL 33624</b>	
TITLE NAME	<b>Vice President</b> <b>Parks, Beverly P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4159 Northmeadow Cr.</b>	
CITY-ST-ZIP	<b>Tampa FL 33624</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

*James M. Parks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-03**

Date

**813-265-2800**

Daytime Phone #

CR2E034 (10/02)