

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90190 015 ***150.00

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DOCUMENT # P97000081819

1. Entity Name
BARBARA PARKER, INC.



Principal Place of Business
~~531 JERONIMO DRIVE~~
~~CORAL GABLES FL 33146~~
4525

Mailing Address
~~531 JERONIMO DRIVE~~
~~CORAL GABLES FL 33146~~



2. Principal Place of Business
4525 Bougainville Dr.

3. Mailing Address
← Same

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lauderdale by the Sea FL

City & State

4. FEI Number 65-0782452

Applied For
Not Applicable

Zip
33308

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, BARBARA
~~531 JERONIMO DRIVE~~
~~CORAL GABLES FL 33146~~

Name

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

4525 Bougainville Dr.

#6

City

Lauderdale by the Sea

FL

Zip Code
33308

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

Barbara Parker

BARBARA PARKER

4-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, BARBARA
~~531 JERONIMO DRIVE~~
~~CORAL GABLES FL 33146~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4525 Bougainville Dr #6
Lauderdale by the Sea FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PARKER, L
851 NE 48 STREET
OAKLAND PARK FL 33334

TITLE
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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 empowerments.

SIGNATURE:

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

BARBARA PARKER, PRES.

Date

4/21/03

Daytime Phone #

954-351-1030

CP2E034 (10/02)