

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088666

1. Entity Name

G & H PARKER CONSTRUCTION, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90181 039 \*\*\*158.75

Principal Place of Business

1401 W. 7TH ST  
RIVIERA BEACH FL 33404  
US

Mailing Address

1401 W. 7TH ST  
RIVIERA BEACH FL 33404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0788328

Applied For

Not Applicable

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, HATTIE B  
1401 W. 7TH ST.  
RIVIERA BEACH FL 33404

Name

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

City

FL

Zip Code

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

*Hattie B Parker*

*HATTIE B PARKER*

*4/15/01*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

-Tax filing requirement and effects to do so.

(See criteria on back)

☐

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, GRADY A	
STREET ADDRESS	1401 W. 7TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PARKER, HATTIE B.	
STREET ADDRESS	1401 W. 7TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAZIER, SHATIFFANY L	
STREET ADDRESS	440 W. 35TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 or without other like empowered.

SIGNATURE:

*Hattie B Parker*

*HATTIE B PARKER*

*4/15/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)