

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106116

1. Entity Name
PURPLE PARROT, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90220 013 ***150.00

Principal Place of Business

Mailing Address

**1388 SOUTHSIDE BLVD
JACKSONVILLE FL 32216**

**1944 SOUTHSIDE BLVD
JACKSONVILLE FL 32216-1900**

00010308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1388 Beach Blvd.

1388 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach FL

Jacksonville Beach FL

4. FEI Number **59-3561303**

Applied For

Not Applicable

Zip

Country

Zip

Country

32550

USA

32250

USA

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

**MILLS, PHILLIP
1944 SOUTHSIDE BLVD
JACKSONVILLE FL 32216**

Name **Phillip Mills**

Street Address (P.O. Box Number is Not Acceptable)
1388 Beach Blvd

City **Jacksonville Beach FL** Zip Code **32250**

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

[Signature]

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 elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 **D** ☐ Delete
NAME **MILLS, PHILLIP**
STREET ADDRESS **1944 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **Mills, Phillip**
STREET ADDRESS **1388 BEACH BLVD**
CITY-ST-ZIP **Jacksonville Beach FL 32250**

TITLE **D** ☐ Delete
NAME **MILLS, SANDRA RICHTER**
STREET ADDRESS **1944 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☒ Change ☐ Addition
NAME **Mills, S**
STREET ADDRESS **1388 BEACH BLVD**
CITY-ST-ZIP **Jacksonville Beach FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

[Signature] **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/00 904 270 2022

CR2E034 (9/99)