

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90088 035 \*\*\*150.00

**DOCUMENT # P97000109201**

1. Entity Name

**PARKWAY HOUSING INC.**



Principal Place of Business

**2072 S JEFFERSON  
MONTICELLO FL 32344**

Mailing Address

**P.O. BOX 627  
MONTICELLO FL 32345**

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 **59-3496421**

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

7. Name and Address of New Registered Agent

**REICHMAN, MICHAEL  
380 N. JEFFERSON ST  
MONTICELLO FL 32344**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **P**  
NAME **WILSON, CHRISTOPHER L**  
STREET ADDRESS **RT 1 BOX 20**  
CITY-ST-ZIP **MONTICELLO FL 32344-9733**

☐ Delete

TITLE **D**  
NAME **WILSON, SAMUEL A**  
STREET ADDRESS **514 CANDLEWOOD LN**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/03 850-997-6138**  
Date Daytime Phone #

CR2E034 (4/03)

*Attachment*

90146566

# 19700 (0920)

**MONTICELLO MEADOWS, INC.**

**P.O. Box 627  
Monticello, FL 32345  
(850) 997-3033**

July 21, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of Corporate Status**

Dear Gentlemen:

I request that the reinstatement fee for our corporation be waived. The Corporation did not received the prior UBR notice. I am enclosing a completed application for reinstatement and a check for \$150.00 to pay the filing fee.

Thank you for your consideration of our request.

**MONTICELLO MEADOWS, INC.**



By: **CHRISTOPHER L. WILSON**  
President