## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P98000039431** May 08, 2000 8:00 am Secretary of State PARC IMPERIAL PARTNERS, INC. 05-08-2000 90013 040 \*\*\*150.00 Principal Place of Business Mailing Address 13575 58TH STREET N . 13575 58TH STREET N STE 11/ SUMMIT BLDG STE 11/ SUMMIT BLDG **CLEARWATER FL 33760-3740** CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3551215 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEFFRIES, DAVID M ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on báck) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRADFORD, DENNIS D NAME NAME STREET ADDRESS STREET ADDRESS 13575 58TH ST., N., STE 144 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Change ☐ Addition ☐ Delete TITLE TITLE LUBECK, DANIEL E NAME STREET ADDRESS 13575 58TH ST., N., STE 144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Change · Addition ☐ Delete TITLE LUBECK, JOSEPH G NAME NAME STREET ADDRESS 13575 58TH ST., N., STE 144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME REPKA, JARED NAME STREET ADDRESS 159 MARINA DELRAY CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** ☐ Change ☐ Addition TITLE ☐ Delete TITLE SEGAL, RICHARD J NAME STREET ADDRESS STREET ADDRESS 150 MARINA DELRAY CT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS 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 appress, with all other like empowered.