

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90443 044 ***550.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000066365
 1. Entity Name
Parham Construction, Inc.

671656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>15720 118th Terrace N.</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Jupiter FL</u>		City & State	
Zip <u>33478</u>	Country <u>USA</u>	Zip	Country
FEI Number <u>65-0853861</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dubrow Duker & Associates, PA

Street Address (P.O. Box Number is Not Acceptable)
2832 University Drive

City Coral Springs State FL Zip Code 33065

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] Dubrow Duker & Assoc. PA DATE 4/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Lonnie Parham 15720 118 Terrace N. Jupiter, FL 33478</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Jill Parham 5617 NW 79 Way Parkland, FL 33067</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Jill Parham 5617 NW 79 Way Parkland, FL 33067</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE [Signature] Lonnie Parham DATE 4-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)