

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071284

1. Entity Name

THE PARKER INSURANCE GROUP, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90914 032 ***150.00

Principal Place of Business

175 FLORES ST.
MELBOURNE BEACH FL 32951

Mailing Address

175 FLORES ST.
MELBOURNE BEACH FL 32951

2. Principal Place of Business

1903 S. ATLANTIC ST
Suite, Apt. #, etc.
UNIT 212

3. Mailing Address

P.O. Box 510694
Suite, Apt. #, etc.

City & State
Melbourne Beach FL

City & State
Melbourne Beach FL

Zip
32951

Country
USA

Zip
32951

Country
USA

4. FEI Number

NOT APPLICABLE

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

FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

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

1903 S. ATLANTIC ST UNIT 212
City MELBOURNE BEACH FL Zip Code 32951

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]

4-25-01

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 elects 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
NAME PARKER, SHAWN
STREET ADDRESS 175 FLORES ST. 1903 S. ATLANTIC ST UNIT 212
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 321-724-8018

CR2E034 (10/00)