

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90031 031 \*\*\*150.00

**DOCUMENT # P98000086923**

1. Entity Name

**PAR RETAIL CONSULTING, INC.**

Principal Place of Business

Mailing Address

4280 SE 20TH PL.#806  
 CAPE CORAL FL 33904

4280 SE 20TH PL.#806  
 CAPE CORAL FL 33904-5441

*New*

2. Principal Place of Business

3. Mailing Address

*3454 Sunset Key Circle*  
 Suite, Apt. #, etc.  
*12 B*

*3454 Sunset Key Circle*  
 Suite, Apt. #, etc.  
*12 B*



DO NOT WRITE IN THIS SPACE

City & State

City & State

*Punta Gorda FL*

*Punta Gorda*

4. FEI Number

**65-0866747**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33955*

*Lee*

*33955*

*Lee*

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

LEACH, RAY  
 4280 SE 20TH PL.#806  
 CAPE CORAL FL 33904

Name *RAY LEACH*

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

*3454 Sunset Key Circle 12 B*

City *Punta Gorda*

FL

Zip Code *33955*

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 *RAY LEACH Ray Leach President*

DATE *2/20/99*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	LEACH, RAY	<del>4280 SE 20TH PL.#806</del>	<del>CAPE CORAL FL 33904</del>	
	<i>See above</i>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Ray Leach*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *2/20/99*  
 Daytime Phone #

CR2E034 (9/99)