

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

2000-UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 30 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023468

1. Corporation Name

PARKER BROTHER'S TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

1772 PARKER ROAD  
YULEE FL 32097

1772 PARKER ROAD  
YULEE FL 32097



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3563471

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V.P.	GORDAN D. PARKER	1772 PARKER RD. PDRBX 761	YULEE, FL 32041
TREA.	JULIAN H. PARKER III	1925 LOOK RD.	FERNANDINA BEACH, FL 32034
SECT.	THELMA LEE PARKER DAVIS	1772 PARKER RD	YULEE, FL 32041
PRES.	JULIAN H. PARKER, JR.	1772 PARKER RD.	YULEE, FL 32041

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, GORDON O  
1772 PARKER ROAD  
YULEE FL 32097

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-00(901)225-5689

Date

Daytime Phone #

CR2E040 (8/00)

PARKER BROTHER'S TRADING COMPANY, INC.  
PO Box 26991  
Jacksonville, Florida 32226

November 27, 2000

Division Of Corporations  
P.O. Box 6327  
Tallahassee FL 32314-6327

To Whom It May Concern:

Enclosed is form filled out with our Corporation Officers and/or Directors, with their street address of each Officer.

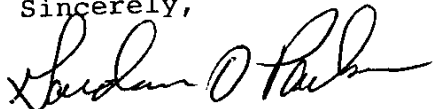
We failed to send their names when we filed our report July 17, 2000, when we sent our Corporation fees. Our check was sent July 17, 2000, (please see attached copy) and cashed by your office as you can see.

We never heard anything from your office until now. Please waive the fine you say we owe.

If this is not acceptable to your office please advise.

Thank you for your attention to this matter.

Sincerely,



Gordon O Parker

Attachments:

/pw