

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90075 048 ***150.00

DOCUMENT # P99000039211

1. Entity Name
JEFF PARNELL REAL ESTATE INVESTMENTS, INC.



Principal Place of Business
1429 COLONIAL BLVD., STE. 203
FORT MYERS FL 33907

Mailing Address
1429 COLONIAL BLVD., STE. 203
FORT MYERS FL 33907

11007752



2. Principal Place of Business

11595 Kelly Rd.

3. Mailing Address

11595 Kelly Rd.

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number **65-0917211**

Applied For
Not Applicable

Zip **33908** **Country** **Lee**

Zip **33908** **Country** **Lee**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

PARNELL, JEFF
1429 COLONIAL BLVD., STE. 203
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name **Jeff Parnell**
Street Address (P.O. Box Number is Not Acceptable)

11595 Kelly Rd., Suite 112
City **Ft. Myers, FL** **FL** **Zip Code** **33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeff Parnell
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **PARNELL, JEFF**
STREET ADDRESS **1429 COLONIAL BLVD. STE. 203**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Parnell
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **239 275 8580**
Date Daytime Phone #

CR2E034 (10/02)