

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047047

1. Entity Name

PARKER SANITATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90005 007 ***150.00

Principal Place of Business

4720 E. BUSINESS HWY. 98
 PANAMA CITY FL 32404

Mailing Address

P.O. BOX 10477
 PANAMA CITY FL 32404-1477

2. Principal Place of Business

3910 East Avon Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

4. FEI Number

59-3581072

Applied For

Not Applicable

Zip

32404

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARE, DIANE C
 3003 S. HWY. 77, SUITE A
 LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE: President
 NAME: Wanda S. Beason
 STREET ADDRESS: 4020 Park St.
 CITY-ST-ZIP: Panama City, FL 32404

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
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 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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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)(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:

Wanda S. Beason
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-00
 Date

850-914-2112
 Daytime Phone #

CR2E034 (9/99)