5/15/00-90175-020-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070285 R

1. Entity Name

PARENTS NITE OUT INC.

FILED
00 JUN 23 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA
[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8158 ROBALO DRIVE ORLANDO FL 32825	8158 ROBALO DRIVE ORLANDO FL 32825-3514

2. Principal Place of Business: 1343 Florida Mall Ave	3. Mailing Address: 1343 Florida Mall Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando FL
Zip: 32809 Country: USA	Zip: 32809 Country:

4. FEI Number: 59-3589282 ☐ 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
MARKER, RANDY 8158 ROBALO DRIVE ORLANDO FL 32825	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Randy Marker 17921 Commonwealth Ave Polk City FL 33868	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Tammy Burger 1236 Pleasant Hill Rd Ranger, GA 30734	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Randy Marker Randy Marker 1-19-00 407-240-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE