

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-09-2003 90037 009 ***150.00

FILE P99000076864

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 21 AM 9:40

DOCUMENT # P99000076864

1. Entity Name

JAMES E. PARKER & ASSOCIATES, INC.

Principal Place of Business
14660 BALD EAGLE DRIVE
FT. MYERS FL 33912

Mailing Address
14660 BALD EAGLE DRIVE
FT. MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0983822

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

PARKER, JAMES E
14660 BALD EAGLE DRIVE
FT. MYERS FL 33912

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, JAMES	
STREET ADDRESS	14660 BALD EAGLE DR	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARKER, DORIS	
STREET ADDRESS	14660 BALD EAGLE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03 239/235-0607

Daytime Phone #

CR2E034 (4/03)

To: Andy
From: Doris

Fax: 850-245-6017

(H) (239-561-2884)

Email: Dode@coconet.com

July 7, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

This is to advise that I did not receive a letter concerning my UBR in January 2003. Based on information provided to me in a phone conversation with your office this date, I am enclosing a check for \$150.00 along with the UBR.

Regards,

James Parker
James E. Parker & Associates