

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083547

1. Entity Name

THOMAS C. PARLON, INC.

Principal Place of Business

MARINA ROAD  
FL 33922

Mailing Address

5388 MARINA ROAD  
BOOKELIA FL 33922-3026

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARLON, PATRICIA A  
5388 MARINA ROAD  
BOOKELIA FL 33922

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D  
PARLON, THOMAS C  
5388 MARINA ROAD  
BOOKELIA FL 33922

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

TITLE

D  
PARLON, PATRICIA A  
5388 MARINA ROAD  
BOOKELIA FL 33922

Delete

TITLE

Change  Addition

NAME

STREET ADDRESS  
CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

11. 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.

*Patricia Parlon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Parlon

FILED  
Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90069 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)