

2000 UNIFORM BUSINESS REPORT (UBR)

0007357

DOCUMENT # P99000095693

1. Entity Name

PAYNE, PARKER, CARVER & ASSOCIATES, INC.

FILED

00 OCT -3 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business

1961 FAYE RD.
JACKSONVILLE FL 32218

Mailing Address

1961 FAYE RD.
JACKSONVILLE FL 32218

2. Principal Place of Business

6301 Nathan Hale Road

3. Mailing Address

1930 San Marco Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3606547

Applied For

Not Applicable

Zip

32221

Country

Zip

32207

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

SP

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEPRELL, SAMUEL L
STE. 201, ST. MARK'S PLACE, 1930 SAN MARCO BL
VD.
JACKSONVILLE FL 32207

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
D SUMNER, LAVERNE D ☐ Delete
STREET ADDRESS
1961 FAYE RD.
CITY-ST-ZIP
JACKSONVILLE FL 32218

TITLE
NAME
D, P, S, T ☐ Change ☒ Addition
STREET ADDRESS
6301 Nathan Hale Road
CITY-ST-ZIP
Jacksonville, FL 32221

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *

LaVerne D Sumner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/2000

(904) 291-2424

Date

Daytime Phone #

CR2E034 (5/00)