

5/29

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-29-2001 90017 039 ***150.00

DOCUMENT # P99000096104

1. Entity Name

PARKER MARINE MANAGEMENT INC.

Principal Place of Business

2208 IDLEWIND RD
 SUITE
 PALM BEACH GARDENS FL 33410

Mailing Address

2208 IDLEWIND RD
 SUITE
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

14079 N. Miller DR.
 Suite, Apt. #, etc.

3. Mailing Address

14079 N. Miller DR.
 Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33410

Country

City & State

Palm Beach, FL

Zip

33410

Country

4. FEI Number 65-0960953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, PETER
 14079 N MILLER DRIVE
 PALM BEACH GARDENS FL 33410

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 fee if applicable.

(NOT Registered Agent's signature required when reinstating)

5/20/01

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEMINOLE MARINE, CTR	
STREET ADDRESS	2208 IDLEWILD RD, STE 3	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Peter W. Parker	
STREET ADDRESS	14079 N. Miller DR.	
CITY-ST-ZIP	Palm Beach, FL 33410	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/20/01 Daytime Phone #

8848



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)