## 2003 FOR PROFIT CORPORATION

## FILED Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** S25679 DOCUMENT # 1. Entity Name 04-09-2003 90153 031 \*\*\*150.00 PARKER ENGINEERING COMPANY, INC. Principal Place of Business Mailing Address 8797 NW 1 ST 8797 NW 1 ST CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0285853 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. - Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, BEN T., JR. Street Address (P.O. Box Number is Not Acceptable) 8797 NW 1 ST **CORAL SPRINGS FL 33071** City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE ☐ Addition Delete TITLE Change PARKER, BEN T., JR. NAME NAME 8797 NW 1 ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITE-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PARKER, BONNIE S. NAME 8797 NW 1 ST STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

priied with this filing does al report is true and accyr 12. I hereby certify that the information sy the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or directo as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicatéd on this report or supplem id th of the corporation or the receiver ustee empor changed, or on an attachment

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

☐ Delete

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