2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46880 Entity Name . J. PARKER SALES, INCORPORATED

FILED Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90094 010 ***150.00

rincipal Place of Business Mailing Address										
D116 HAMPTON TAMPA FL 33611		10116 HAMPTON PLACE TAMPA FL 33618	10116 HAMPTON PLACE TAMPA FL 33618							
. Principal Place of Business		3. Mailing Address	3. Mailing Address				ION DIBIN DABII	Bibli Dibli D	ISBN BABA IBBI	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE		
City & State		City & State	City & State			4. FEI Number 59-3053807			Applied For	
Zip Country		Zip	Zip Coun			Certificate of Status Desired	\$	8.75 Add	ot Applicable ditional	┧
6. Name and Address of Current Registered Age		ant Registered Agent				7. Name and Address of New Registered Agent				
<u> </u>	6. Name and Address of Curr	ent Negistereo Agent		Name		valile allu Address of New Neg	istered Ag	ent		1
PARKER, RICHARD J 10116 HAMPTON PLACE				,	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 3				=== =================================	*			~		
				City			FL	Zip Cod	le	
. The above n	amed entity submits this stateme	nt for the purpose of changing i	ts registere	ed office or regi	istered ag	ent, or both, in the State of Florid	da.	L		1
SIGNATURE	gnature, typed or printed name of registered a	agent and title if applicable. (NC	OTE: Registered	d Agent signature req	quired when re	einstating)	DATE			
9. This corpora	ation is eligible to satisfy its Intang	gible FILE NOW	/!!! FEE	IS \$150.00		10. Election Campaign Finan	oina			1
			, 2002 Fee will be \$550.00 syable to Department of St			Trust Fund Contribution.)0 May Be d to Fees	
1.		ND DIRECTORS	12.	sparament or		DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR	IS IN 11	1
TITLE [)	☐ Delete	TITLE					Change	Addition	7
	PARKER, RICHARD		NAME	ET ADDRESS		•				1
	10116 HAMPTON PLACE FAMPA FL			-ST-ZIP						
ITLE	-	☐ Delete	TITLE			<u> </u>		Change	Addition	78
AME			NAME							
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ITY-ST-ZIP			1	ST-ZIP						
3. I hereby cer	rtify that the information supplied	with this filing does not qualify for	or the exer	nption stated in	Section	119.07(3)(i), Florida Statutes. I fu	rther certify	that the ir	nformation	1

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 a other like empowered.

SIGNATURE: