

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S48881**

1. Entity Name  
**MERLINE PARKER REALTY, INC.**

Principal Place of Business  
**636 FIRST STREET  
WINTER HAVEN FL 33880**

Mailing Address  
**636 FIRST STREET  
WINTER HAVEN FL 33880**

2. Principal Place of Business  
**134 First St South**

Suite, Apt. #, etc.  
**Winter Haven**

City & State  
**FL**

Zip  
**33880**

Country  
**FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90172 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3068205**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, MERLINE  
636 1ST STREET SOUTH  
WINTER PARK FL 33880**

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 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, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D**  
NAME  
**PARKER, MERLINE**  
STREET ADDRESS  
**636 1ST STREET SOUTH**  
CITY-ST-ZIP  
**WINTER HAVEN FL**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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Change

Addition

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:

*Merline Parker*

*4-5-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)