2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the changed, or on an attac

FILED DOCUMENT # **S59590** May 04, 2000 8:00 am Secretary of State PARKS THREE/ARCHITECTURE, INC. 05-04-2000 90131 048 ***150.00 Mailing Address Principal Place of Business 2540 OAK STREET 2540 OAK STREET JACKSONVILLE FL 32204-4504 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3083043 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -- [7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKS, W. JOHN III Street Address (P.O. Box Number is Not Acceptable) 2540 OAK STREET JACKSONVILLE FL 32204 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition **PSTD** ☐ Change ☐ Delete TITLE PARKS, W. JOHN III NAME STREET ADDRESS 2540 OAK STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information alregort 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 state empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the info