

2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6/4/02 90203 015 150.00
4. FEI Number 59-3101350 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, DAVID C.
1116 WOODBERN WAY
TALLAHASSEE FL 32304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, DAVID C. 1116 WOODBERN WAY TALLAHASSEE FL 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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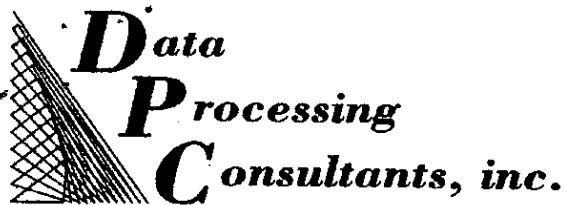
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: David C. Parker 7/18/02 850.201.3725

CR2E034 (4/02)



317 East Park Ave.
Tallahassee, FL 32301
Telephone: 850.201.3724
E-Mail: dpai@dpconsultants.com

July 23 , 2002

Department of State
Division of Corporations
Uniform Business Report Section

RE: David C. Parker Associates Data Processing Consultants
S-70652

Dear Sir/Madam:

Attached to this correspondence is a second copy of our Uniform Business Report for 2002. We have previously filed this document with your offices.

It is our understanding from speaking with your office, that the original Uniform Business Report was sent back to our offices on June 6, 2002 as it needed to be signed in order to complete the form. To date, we have not received the form from your offices.

We are therefore resubmitting the Uniform Business Report and asking that the fee be waived. Please be advised that we paid the fee for the Uniform Business Report with our previously filed report.

Sincerely,

A handwritten signature in cursive script, reading "David C. Parker".

David C. Parker

DCP/kls
Attachment

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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