

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State
 08-04-2002 90166 034 ***550.00

DOCUMENT # V43438

1. Entity Name
DEICHMAN-PARKER, INC.

Principal Place of Business
155 CARLYLE DR
PALM HARBOR FL 34683

Mailing Address
155 CARLYLE DR
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
155 Carlyle Dr

3. Mailing Address
Same

City & State
Palm Harbor FL

City & State
Palm Harbor FL

Zip
34683

Country
USA

4. FEI Number **59-2669629**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEICHMAN, LINDA
155 CARLYLE DR
PALM HARBOR FL 34683

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

TITLE **PD**
 NAME **DEICHMAN, GREGORY A**
 STREET ADDRESS **155 CARLYLE DR**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VD**
 NAME **PARKER, ROBERT T JR.**
 STREET ADDRESS **1407 DRUID RD E.**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD**
 NAME **DEICHMAN, LINDA**
 STREET ADDRESS **155 CARLYLE DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD**
 NAME **Robert Parker T. Jr**
 STREET ADDRESS **153 Brookside Court**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE
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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 to an address, with an other like empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/29/02** Daytime Phone # **727-784-4007**

CR2E034 (9/01)