

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90002 045 ***150.00

DOCUMENT # 235623

1. Entity Name
JESSE J. PARRISH, INC.

Principal Place of Business

**2900 PARISH RD
 PO DRAWER L
 TITUSVILLE FL 32781-7359**

Mailing Address

**2900 PARISH RD
 PO DRAWER L
 TITUSVILLE FL 32781-7359**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6566
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6566
 Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

59-6079531

Applied For

Not Applicable

32782

Country

32782

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, J J III
 2900 PRRISH RD.
 TITUSVILLE FL 32781**

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 **VTD** ☐ Delete
 NAME **PARRISH, BETTY P.**
 STREET ADDRESS **909 INDIAN RIVER AVE**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE **PDS** ☐ Delete
 NAME **PARRISH, J. J., III**
 STREET ADDRESS **1013 INDIAN RIVER AVE**
 CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)