

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90008 044 ***150.00

0509095
 AV

DOCUMENT # 248596

1. Entity Name

PARSON BROWN ORANGES INC

Principal Place of Business

406 20TH ST. WEST 9118-19th Dr. N.W.
BRADENTON FL 34209 (34209)

Mailing Address

406 20TH ST. WEST 9118-19th Dr. N.W.
BRADENTON FL 34205 34209

2. Principal Place of Business

9118-19th Dr. N.W.

3. Mailing Address

9118-19th Dr. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

59-0927031

Applied For

Not Applicable

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KING, HELEN T
406 20TH ST WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Same (Address change)

Street Address (P.O. Box Number is Not Acceptable)

9118-19th Dr. N.W.

City

Bradenton,

FL

Zip Code

34209

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

Helen T King, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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** ☐ Delete
 NAME **KING, HELEN T.**
 STREET ADDRESS **406 20TH STREET WEST 9118-19th Dr. N.W.**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VPD** ☐ Delete
 NAME **LISCH, ELOISE T**
 STREET ADDRESS **205 25TH STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **TSD** ☐ Delete
 NAME **WALLACE, JULIA FAE**
 STREET ADDRESS **13488 SE COURT RD**
 CITY-ST-ZIP **OKLAWAHA 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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

941-794-9928

Daytime Phone #

CR2E034 (9/01)