

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 378976

1. Entity Name

ALBERT B. PARKERSON CONSTRUCTION INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90033 014 ***150.00

Principal Place of Business

14221 LURAY RD.
FT. LAUDERDALE FL 33330

Mailing Address

14221 LURAY RD.
FT. LAUDERDALE FL 33330

2. Principal Place of Business

14221 Luray Road
Suite, Apt. #, etc.

3. Mailing Address

14221 Luray Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Southwest Ranches

City & State

Southwest Ranches

4. FEI Number 59-1347438

Applied For

Not Applicable

Zip

33330

Country

Broward

Zip

33330

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKERSON, ALBERT B
14221 LURAY RD.
FT. LAUDERDALE FL 33330

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKERSON, ALBERT B 14221 LURAY RD. FT. LAUDERDALE FL Southwest Ranches A.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKERSON, JUDY 14221 LURAY RD. FT. LAUDERDALE FL Southwest Ranches A.	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> 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:

Albert B. Parkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2001
Date

954-434-5566
Daytime Phone #

CR2E034 (10/00)