

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 400673

1. Entity Name

PARSONS & SONS, INC.

Principal Place of Business

9891 ADAMS ROAD  
WELLBORN FL 32094  
US

Mailing Address

9891 ADAMS ROAD  
WELLBORN FL 32094  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1281

Suite, Apt. #, etc.

City & State

Madison, GA 30650

Zip

30650

Country

USA

4. FEI Number

59-1395344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDavid, Terry  
128 S. HERNANDO STREET  
LAKE CITY FL 32055

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, 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

TITLE PVD ☐ Delete  
NAME PARSONS, MICHAEL  
STREET ADDRESS 9893 ADAMS RD  
CITY-ST-ZIP WELLBORN FL

TITLE STD ☐ Delete  
NAME PARSONS, DONNA B  
STREET ADDRESS 9893 ADAMS ROAD  
CITY-ST-ZIP WELLBORN FL 32094

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 1657 Four Lakes Drive  
CITY-ST-ZIP Madison, GA 30650

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1657 Four Lakes Drive  
CITY-ST-ZIP Madison, GA 30650

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

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CITY-ST-ZIP

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

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:

*Michael L. Parsons*

Michael L. Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 706-342-2770

Date

Daytime Phone #

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90086 042 \*\*\*150.00

744259



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)