

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0696148 AB

DOCUMENT # F01000004173

1. Entity Name
VEAZEY, PARROTT, DURKIN & SHOULDERS, ARCHITECTS AND ENGINEERS, P.C.



05-05-2003 91389 034 ***150.00

Principal Place of Business
**528 MAIN STREET
STE 400
EVANSVILLE IN 47708-1616**

Mailing Address
**528 MAIN STREET
STE 400
EVANSVILLE IN 47708-1616**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1608100**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHOULDERS, MICHAEL R**
STREET ADDRESS **528 MAIN STREET STE 400**
CITY-ST-ZIP **EVANSVILLE IN 47708**

TITLE **C** ☐ Change ☒ Addition
NAME **Charles E Parrott**
STREET ADDRESS **3020 Porter Place**
CITY-ST-ZIP **The Villages FL 32162**

TITLE **VT** ☐ Delete
NAME **VEAZEY, SCOTT C**
STREET ADDRESS **528 MAIN STREET STE 400**
CITY-ST-ZIP **EVANSVILLE IN 47708**

TITLE **V** ☒ Change ☐ Addition
NAME **Veazey, Scott C**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **S** ☐ Delete
NAME **DURKIN, THOMAS H**
STREET ADDRESS **3850 PRIORITY WAY S STE 1**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **D** ☒ Change ☐ Addition
NAME **Durkin, Thomas H**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **PP** ☐ Delete
NAME **TRUESDELL, MARTIN L**
STREET ADDRESS **3850 PRIORITY WAY S STE 1**
CITY-ST-ZIP **INDIANAPOLIS IN 46240**

TITLE **PP** ☐ Change ☒ Addition
NAME **Bright, Sean**
STREET ADDRESS **3850 Priority Way S. Ste 116**
CITY-ST-ZIP **Indianapolis IN 46240**

TITLE **DOA** ☐ Delete
NAME **BROWN, WILLIAM M**
STREET ADDRESS **528 MAIN STREET STE 400**
CITY-ST-ZIP **EVANSVILLE IN 47708**

TITLE **DOA S** ☒ Change ☐ Addition
NAME **Brown, William**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **DOP** ☐ Delete
NAME **LINK, GEORGE S**
STREET ADDRESS **528 MAIN STREET STE 400**
CITY-ST-ZIP **EVANSVILLE IN 47708**

TITLE **DOP T** ☒ Change ☐ Addition
NAME **Link, George**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

12. 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 10 or Block 11 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

Date

Daytime Phone #

4.30.02

812 423 7729

CR2E034 (10/02)