

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 033 \*\*\*150.00

DOCUMENT # F02000004385

1. Entity Name

Benny Parsons and Associates, Inc.



70033368

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2049 Country Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL

City & State

4. FEI Number

56-1313017

Applied For

Not Applicable

Zip

32128

Country

Volusia

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Benjamin Parsons

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

2049 Country Club Drive

City

Daytona Beach

FL

Zip Code

32128

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

Benjamin Parsons

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

(NOTE: Registered Agent signature required when reinstating)

March 26, 2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President  
NAME Benjamin Parsons  
STREET ADDRESS 2049 Country Club Drive  
CITY-ST-ZIP Daytona Beach FL 32128

TITLE Secretary  
NAME Teresa E. Parsons  
STREET ADDRESS 2049 Country Club Drive  
CITY-ST-ZIP Daytona Beach FL 32128

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Benjamin Parsons

BENJAMIN PARSONS

MARCH 26, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)