

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000002901**
 1. Entity Name **ParView, Inc.**

DO NOT WRITE IN THIS SPACE

80051485

2. Principal Place of Business **1856 Apex Road**
 Suite, Apt. #, etc.

3. Mailing Address **1856 Apex Road**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Sarasota, FL** City & State **Sarasota, FL** 4. FEI Number **88-0330382** Applied For Not Applicable

Zip **34240** Country **USA** Zip **34240** Country **USA** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name **David M. Saslow**
 Street Address (P.O. Box Number is Not Acceptable) **1856 Apex Road**
 City **Sarasota** FL Zip Code **34240**

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 _____ (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)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	David Chessler, President 1856 Apex Road Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	David M. Saslow, Secretary 1856 Apex Road Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	David Chessler, Treasurer 1856 Apex Road Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jerome Chessler, Director 1856 Apex Road Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cee NeigL Gors, Director 1856 Apex Road Sarasota, FL 34240	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dennis M. Hayes, Director 120 N. Fourth Avenue Ann Arbor, MI 48104	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/01)

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

SIGNATURE: _____ **3.11.02** **941.379.5538**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #