

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90159 042 \*\*\*150.00

DOCUMENT # **F97000003507**

Entity Name  
**PARSONS COMMERCIAL MAINTENANCE & CONTRACTING COM  
ANY, INC.**

Principal Place of Business

**300 GULF BOULEVARD  
BELLEAIR SHORE FL 33786  
US**

Mailing Address

**314 N. YORK RD.  
ELMHURST IL 60126-2318  
US**

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

**300 Gulf Boulevard**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State  
Belleair Shore, Florida**

4. FEI Number

**36-4162909**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33786**

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**Robert W. Parsons**

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

**300 Gulf Boulevard**

City

**Belleair Shore**

FL

Zip Code

**33786**

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

**Robert W. Parsons President & Secretary**

**February 1, 2002**

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, 2002 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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LE ME REET ADDRESS Y-ST-ZIP	<b>PST PARSONS, ROBERT W 314 N. YORK RD. ELMHURST IL 60126</b>	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<b>DC PARSONS, ROBERT W 314 N YORK ROAD ELMHURST IL 60126</b>	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Secretary Robert W. Parsons 300 Gulf Boulevard Belleair Shore, Florida 33786</b>	<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

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:

**Robert W. Parsons President & Secretary**

**February 1, 2002**

**(727) 596-4060**

CR2E034 (9/01)