

2002 UNIFORM BUSINESS REPORT (UBR)

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

00000000 . AT

DOCUMENT # F98000001486
 Entity Name
W. PARSONS ENGINEERING & ENVIRONMENTAL SERVICE, P.C.

02-20-2002 90159 043 ***150.00

Principal Place of Business Mailing Address
4 NORTH YORK ROAD 314 NORTH YORK ROAD
ELMHURST IL 60126-2318 ELMHURST IL 60126-2318

80029400



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
300 Gulf Boulevard 300 Gulf Boulevard
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Belleair Shore, FL Belleair Shore, FL
 Zip Country Zip Country
33786 Pinellas 33786 Pinellas

4. FEI Number **36-4117053** Applied For
 Not Applicable
 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 *Robert W. Parsons* President & Secretary **2/1/2002**
 Signature (Typed or printed name of registrant agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD PARSONS, ROBERT W 314 NORTH YORK ROAD ELMHURST IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Secretary ROBERT W. PARSONS 300 GULF BOULEVARD Belleair Shore, Florida 33786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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 **2/1/2002** (727) 596-4060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)