

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # H30003**1. Entity Name
U.S. PARASCENDING CORPORATION

Principal Place of Business	Mailing Address
922 WINDWARD DRIVE	P.O. BOX 1392
P.O. BOX 1392	P.O. BOX 1392
MARCO ISLAND	MARCO ISLAND
34145 US FL	34146 US FL

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

59-2620512

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G.
247 N. COLLIER BLVD., SUITE 202

MARCO ISLAND FL
34145 US

7. Name and Address of New Registered Agent

Name
MORRIS, WILLIAM G.
Street Address (P.O. Box Number is Not Acceptable)
247 N. COLLIER BLVD., SUITE 202

City
MARCO ISLAND FL Zip Code
34145

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 _____ **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAHR, MARK A.	
STREET ADDRESS	922 WINDWARD DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTEN BRADLEY C	
STREET ADDRESS	1382 WILDWOOD LAKES BLVD. #8	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL JASON M	
STREET ADDRESS	835 ELKCAM CIRCLE #207	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRALEY JASON S	
STREET ADDRESS	328 CASTAWAYS STREET	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. BAHR

PD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)