

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 001 ***150.00

DOCUMENT # K37500

1. Entity Name

DAVID M. PARRISH, INC.

DBA COMMUNITY ELECTRIC



Principal Place of Business

**P.O. BOX 7186
BRADENTON FL 34210**

Mailing Address

**P.O. BOX 7186
BRADENTON FL 34210**

20005380



2. Principal Place of Business

2651 WHITFIELD AVE. EAST

3. Mailing Address

2651 WHITFIELD AVE. EAST

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0071516

Applied For

Not Applicable

Zip

34243

Country

SARASOTA

Zip

34243

Country

SARASOTA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERSON, JOHN T

7010 CORTEZ RD. W. 2651 WHITFIELD AVE. EAST

BRADENTON FL 34210 #102

SARASOTA, FL 34243

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **EMERSON, JOHN T**
STREET ADDRESS **7010 CORTEZ RD. WEST**
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **JOHN T. EMERSON**
STREET ADDRESS **2651 WHITFIELD AVE. EAST #102**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

(336) 812-3472
Daytime Phone #

CR2E034 (10/02)