2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009633

1. Entity Name

PARASAIL PEOPLE.COM, L.L.C.

FILED
01 SEP 20 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
228 AmberJACK Dr #10 Fort Walton Beach, FL 32548	806 PINE STREET DESTIN FL 32541

2. Principal Place of Business		3. Mailing Address	
↑		806 PINE STreet	
Suite, Apt. # etc		Suite, Apt. #, etc.	
City & State		City & State Destin, FL	
Zip	Country	Zip 32541	Country US

4. FEI Number 59-3700616 ☐ Applied For ☐ Not Applicable

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
Berry, Jonathan 228 AmberJACK Dr. #10 Fort Walton Beach, FL 32548	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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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
TITLE	MGRM	☐ Delete	TITLE ☒ Change ☐ Addition
NAME	Berry, Jonathan		NAME 2000046239 12--3
STREET ADDRESS	228 AmberJack Dr. #10		STREET ADDRESS -10/04/01--01063--009
CITY-ST-ZIP	Fort Walton Beach, FL 32548		CITY-ST-ZIP *****50.00 *****50.00
TITLE	MGRM	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	LACAYO, DARLEEN		NAME
STREET ADDRESS	228 AmberJACK DR. #10		STREET ADDRESS
CITY-ST-ZIP	Fort Walton Beach, FL 32548		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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: DS Jonathan Berry 4/30/01 850-269-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #