

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90021 006 ****50.00

DOCUMENT # L02000000427

1. Entity Name

R. G. PARSONS, LLC



Principal Place of Business

**1901 FIRST STREET NORTH. #1306
JACKSONVILLE FL 32250**

Mailing Address

**1901 FIRST STREET NORTH. #1306
JACKSONVILLE FL 32250**

2. Principal Place of Business

1331 FIRST STREET NORTH

3. Mailing Address

1331 FIRST STREET NORTH

Suite, Apt. #, etc.

#1003

Suite, Apt. #, etc.

#1003

City & State

JACKSONVILLE BEACH, FL.

City & State

JACKSONVILLE BEACH, FL.

Zip

3220-8307

Country

USA

Zip

32250-8307

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

80-0023241

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARSONS, RICHARD G
1901 FIRST STREET NORTH, #1306
JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name **RICHARD G. PARSONS**
Street Address (P.O. Box Number is Not Acceptable)
**1331 FIRST STREET NORTH
#1003**
City **JACKSONVILLE BEACH** FL Zip Code **3220-8307**

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 *Richard G. Parsons*

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

(NOTE: Registered Agent signature required when reinstating)

2/11/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **PARSONS, RICHARD G** ☐ Delete
STREET ADDRESS **1901 FIRST STREET NORTH, #1306**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

10. ADDITIONS/CHANGES

TITLE **Richard G. Parsons** ☒ Change ☐ Addition
NAME **1331 FIRST STREET NORTH #1003**
STREET ADDRESS **JACKSONVILLE BEACH, FL. 3220**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard G. Parsons* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/03
Date

904 631-8000
Daytime Phone #

CR2E083 (10/02)