## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # L04510** 1. Entity Name PARSLEY GROUP SERVICES INC. 02-01-2000 90006 004 \*\*\*150.00 Principal Place of Business Mailing Address 17715 GULF BLVD 17715 GULF BLVD REDINGTON SHORES FL 33708-4201 REDINGTON SHORES FL 33708-4201 907097 . <u>1884) (1876) (1884) (1886) (1886) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (1887) (18</u> 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2965446 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARSLEY, EDWIN D SR. Street Address (P.O. Box Number is Not Acceptable) 17715 GULF BLVD ST. PETERSBURG FL 33708 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition ☐ Delete TITLE TITLE PARSLEY, EDWIN SR NAME NAME STREET ADDRESS STREET ADDRESS 17715 GULF BLVD CITY-ST-ZIP ST. PETERSBURG FL 33708 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PARSLEY, EDWIN JR NAME STREET ADDRESS STREET ADDRESS 17715 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Change Addition TITLE ☐ Delete TITLE PARSLEY, WALTER T NAME NAME STREET ADDRESS STREET ADDRESS 17715 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33708 TITI F ☐ Change Addition TITLE ☐ Delete NAME PARSLEY, THOMAS W NAME STREET ADDRESS STREET ADDRESS 17715 GULF BLVD CITY-ST-ZIP ST. PETERSBURG FL 33708 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

**FILED**