

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009351

1. Entity Name

ALEX PARSONS AND ASSOCIATES, L.L.C.

FILED
00 MAR 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Rt. 119 (MacCorkle Ave.)
Marmet, WV 25365

Mailing Address
P.O. Drawer A B
Marmet, WV 25365

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

XX

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VanDeVoorde, Rene G.
1327 North Central Ave.
Sebastian, FL 32958

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member/Director Delete
NAME Alex Parsons, Jr.
STREET ADDRESS Rt. 119 (MacCorkle Ave.)
CITY-ST-ZIP Marmet, WV 25365

TITLE Change Addition
NAME
STREET ADDRESS 800003193828--7
CITY-ST-ZIP -04/04/00--01001--020
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/6/00

Date

561-589-4353

Daytime Phone #

CR2E083 (11/99)

dcc