

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030324 AB

**DOCUMENT # L99000009351**  
 1. Entity Name  
**ALEX PARSONS AND ASSOCIATES, L.L.C.**

FILED  
 01 MAR -1 AM 8:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: **61 RT. 119 (MACCORKLE AVE) MARMET WV 25365**  
 Mailing Address: **P.O. BOX AB MARMET WV 25365 - 0196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **RT. 61 (MAC CORKLE AVE)**  
 Suite, Apt. #, etc.  
 City & State  
 Zip: **25315** Country  
 3. Mailing Address: **25365-0196** Country

4. FEI Number **65-0986367** Applied For  
**APPLIED FOR**  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VANDEVOORDE, RENE G**  
**1327 NORTH CENTRAL AVENUE**  
**SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PARSONS, ALEX JR RT. 119 (MACCORKLE AVE) MARMET WV 25365</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RT. 61 (MAC CORKLE AVE) 25315</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003819661--3 -03/09/01--01006--005 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alex Parsons, Jr.** (304) 925-0431  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)