## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 07, 2001 8:00 am **DOCUMENT # M68658 Secretary of State** 1. Entity Name PARSLEY REAL ESTATE OF PINELLAS COUNTY, INC. 03-07-2001 90613 012 \*\*\*150.00 Principal Place of Business Mailing Address 2325 9TH ST. N. 2325 9TH ST NO. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2884639 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARSLEY, EDWIN D SR Street Address (P.O. Box Number is Not Acceptable) 100 RIVIERA WAY NE ST. PETERSBURG FL 33704 Zip Code City 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, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. ☐ Change ☐ Addition Delete TITLE TITLE PARSLEY, EDWIN D., SR NAME NAME 100 RIVIERA WAY NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE --- -- Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OFFICER

EDWIN D. PARSLEY, SR

3/5/2021 727-896-7575

Daytima Phone #

Change

☐ Addition