

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90057 031 ***150.00

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DOCUMENT # P00000007555

1. Entity Name
RAY PARASCANDO, INC.

Principal Place of Business

**10421 GREENWAY ROAD
 NAPLES FL 34114**

Mailing Address

**10421 GREENWAY ROAD
 NAPLES FL 34114**

2. Principal Place of Business

2755 CECIL RD

Suite, Apt. #, etc.

3. Mailing Address

2755 CECIL RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES FLORIDA

City & State
NAPLES, FLORIDA

4. FEI Number
59-3621414

Applied For
 Not Applicable

Zip Country
34114 USA

Zip Country
34114 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHATLEY, ELAINE B
 3136 - 52ND TERRACE S.W.
 NAPLES FL 34116**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **PARASCANDO, RAY**
 STREET ADDRESS **10421 GREENWAY ROAD**
 CITY-ST-ZIP **NAPLES FL 34114**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2755 CECIL RD**
 CITY-ST-ZIP **NAPLES FL 34114**

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 Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE *Ray Parascando*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01
 Date Daytime Phone #

CR2E034 (10/00)