2004 /2005 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

09-10-2004 90003 030 *** r5v.00 DOCUMENT # P00000106653 P00000106653 1. Entity Name PARSON MASONRY, INC. FILED 04 SEP 14 PM 12: 30 Principal Place of Business Mailing Address 3562 MARION STREET 3562 MARION STREET SECRETARY OF STATE FT MYERS FL 33916 FT MYERS FL 33916 TALLAHASSEE, FLORIDA Marian 5 h DO NOT WRITE IN THIS SPACE 4. FEI Number 6510522 Applied For 00 Not Applicable \$8.75 Additional 5. Certificate of Status Desired P 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~ # 5AMC a. s PARSON, GLORIA Street Address (P.O. Box Number is Not Acceptable) 3562 MARION STREET FT MYERS FL 33916 City Zip Code 8. The above named entity purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS Delete TITLE TITLE Addition Change NAME PARSON, JAY NAME STREET ADDRESS 3562 MARION STREET STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33916 Deleta TITLE TITLE ☐ Change ☐ Addition NAME PARSON, GLORIA NAME STREET ADDRESS 3562 MARION STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33916 TITLE Delete----TITLE .. , 🖃 Change - 🕳 🖃 Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive of 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 of the corporation or the receive changed, or on an attachment





Jay Parson, President 3562 Marion Street Fort Myers, Fl 33916 (941) 337-7687 Collular (941) 337-7687 Office/Fax Pmasonryinc@col.com Www.parsonmasoary.com

September 7, 2004

Department Of State
Division Of Corporation
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Enclosed is my Annual Report for the year. I hope you will accept this form. I tried to pull the form online but was able to do so until today as we were in the storm and had no power until today. I tried pulling the form from your site until around pm today but your site was still down due to the storm, even though the message said you would be up today at 9Am.

I located this old unused form in my files and decided to take a chance and submit it to prevent late filing and late fee. If there is a problem, please contact me at either 239-337-7687 (office) or 239-337-0052 (home).

Thank you

Gloria Parson, Vice President

Parson Masonry, Inc.

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