2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90070 026 ***150.00

DOCUMENT # P01000013801

1. Entity Name
PARSONS PRIVATE MORTGAGE INC.

Principal Place of Business	Mailing Address
11803 MARBLEHEAD DR. TAMPA FL 33626	11803 MARBLEHEAD DR. TAMPA FL 33626

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
14825 Coral Berry Dr	14825 Coral Berry Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tampa, FL.	Tampa, FL.
City & State	City & State
Zip 33626 Country USA	Zip 33626 Country USA

4. FEI Number 59-3695377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANDHAWA, NAVPREET 11803 MARBLEHEAD DR. TAMPA FL 33626	Name Randhawa, Navpreet Street Address (P.O. Box Number is Not Acceptable) 14825 Coral Berry Dr. City Tampa FL Zip Code 33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 01/08/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDHAWA, NAVPREET 11803 MARBLEHEAD DR. TAMPA FL 33626	☐ Delete	Randhawa, Navpreet 14825 Coral Berry Dr. Tampa, FL 33626	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDHAWA, HARVEER 11803 MARBLEHEAD DR. TAMPA FL 33626	☐ Delete	Randhawa, Harveer 14825 Coral Berry Dr. Tampa, FL 33626	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/08/03 813-814-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)