

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90197 007 ***150.00

DOCUMENT # P01000060132

1. Entity Name
PARSONS ELECTRICAL SERVICES, INC.



Principal Place of Business
1 WATERBURY CIRCLE
ORMOND BEACH FL 32174

Mailing Address
1 WATERBURY CIRCLE
ORMOND BEACH FL 32174

2. Principal Place of Business
1 Waterberry Circle
Suite, Apt. #, etc.

3. Mailing Address
1 Waterberry Circle
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3726995**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, HARRY T
1 WATERBURY CIRCLE
ORMOND BEACH FL 32174

Name
Street Address (P.O. Box Number is Not Acceptable)
1 Waterberry Circle
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed 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 ☐ Delete
NAME **PVST PARSONS, HARRY T**
STREET ADDRESS **1 WATERBURY CIR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1 Waterberry Circle**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DO PARSONS, HARRY T**
STREET ADDRESS **1 WATERBURY CIR.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: **Harry T Parsons, President** **4/30/03** **386 253-8473**
4/22/03:HLB:cb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)