

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90109 046 \*\*\*150.00

**DOCUMENT # P02000109841**

1. Entity Name

**PARROTHEAD MAPPING & CONSULTING INC.**



Principal Place of Business  
**20326 SW 119TH AVE  
ARCHER FL 32618**

Mailing Address  
**20326 SW 119TH AVE  
ARCHER FL 32618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**14-1866594**

Applied For

Not Applicable

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

**BROWN, ARTHUR W JR.  
403 WEST MAIN ST.  
ARCHER FL 32618**

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **P. RAYL, WILLIAM G JR.**  
STREET ADDRESS **20326 SW 119TH AVENUE**  
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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NAME  
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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/03**

Date

**352-258-1461**

Daytime Phone #

CR2E034 (4/03)

Attachment  
55050409  
P02000109841

Dear Sirs,

I am requesting that the \$400. late fee be waived. I called your office and was informed that you returned my UBR form because it did not have my FEI number on it. I never received this. Had I received it, I would have filled it out and returned it to you. I am very sorry for the mix up, as I said I did not receive the form back. I have the cancelled check and my copy of the receipt for the express mail that I sent to you. I was under the impression that everything was fine.

The cover of the UBR states that you may disregard this notice if the 2003 UBR has been filed. I knew that I had filed the report, so I disregarded the notice, not knowing that you had sent my first one back. On 9/8/03, I decided to check just to make sure. I went to your web site and filled out the report thinking that it would tell me that I had already filed. That's when I was informed that I owed \$550. Please understand that had I known that something was wrong and that you had sent the first report back, I would have taken care of it right away. Thank-you for your help.

Sincerely,



Bill Rayl, Jr.

Parrothead Mapping & Consulting, Inc.