

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90188 048 \*\*\*150.00

**DOCUMENT # P05028**

1. Entity Name

**PARISIAN, INC.**

Principal Place of Business

750 LAKESHORE PKWY  
 BIRMINGHAM AL 35211

Mailing Address

750 LAKESHORE PKWY  
 BIRMINGHAM AL 35211-4400

A0021403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-0680839**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	VT	<input checked="" type="checkbox"/> Delete
NAME	SCULLY, JAMES	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLTHARP, DOUGLAS E	
STREET ADDRESS	3455 HIGHWAY 80 WEST	
CITY-ST-ZIP	JACKSON MS	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, BRIAN J	
STREET ADDRESS	750 LAKESHORE PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COGGIN, JAMES A	
STREET ADDRESS	3455 HIGHWAY 80 WEST	
CITY-ST-ZIP	JACKSON MS	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HANSEN, CHARLES J	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAYS, BRADLEY R	
STREET ADDRESS	750 LAKESHORE PKWY	
CITY-ST-ZIP	BIRMINGHAM AL 35211	

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Honnold	
STREET ADDRESS	750 Lakeshore Pkwy	
CITY-ST-ZIP	Birmingham AL 35211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bradley R. Mays*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley R. Mays

1-12-00

Date

205-940-4745

Daytime Phone #