

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 90829 041 \*\*\*150.00

**DOCUMENT # P93000014830**

1. Entity Name  
**THE PAR SYSTEMS GROUP, INC.**

Principal Place of Business

1100 CLEVELAND ST  
 SUITE 1403  
 CLEARWATER FL 33755-4806  
 US

Mailing Address

1100 CLEVELAND ST  
 SUITE 1403  
 CLEARWATER FL 33755-4806  
 US

2. Principal Place of Business

**1240 S HIGHLAND AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1240 S HIGHLAND AVE**  
 Suite, Apt. #, etc.

City & State

**CLEARWATER FL**  
 Zip **33756-4375** Country **USA**

City & State

**CLEARWATER FL**  
 Zip **33756-4375** Country **USA**

4. FEI Number **59-3167236**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

**\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, WALLACE F**  
**1207 N SATURN AVE**  
**CLEARWATER FL 33755**

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, WALLACE F</b>	
STREET ADDRESS	<b>1207 SATURN AVE N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>CLEARWATER FL 33755</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALLACE F RUSSELL II</b>	
STREET ADDRESS	<b>1207 SATURN AVE N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDA A RUSSELL</b>	
STREET ADDRESS	<b>1207 SATURN AVE N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/2001**

**727-462-0313**

CP2E034 (10/00)