

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90103 030 \*\*\*150.00

0487584 AV

**DOCUMENT # P93000014830**

1. Entity Name

**THE PAR SYSTEMS GROUP, INC.**



Principal Place of Business

**1240 S HIGHLAND AVE  
CLEARWATER FL 33756-4375  
US**

Mailing Address

**1240 S HIGHLAND AVE  
CLEARWATER FL 33756-4375  
US**

2. Principal Place of Business

**1207 N SATURN AVE**

3. Mailing Address

**PO BOX 1412**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State

**CLEARWATER FL**

City & State

**HAWTHORNE FL**

4. FEI Number

**59-3167236**

Applied For

Not Applicable

Zip

**33755**

Country

**USA**

Zip

**32640**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**WALLACE F RUSSELL**

Street Address (P.O. Box Number is Not Acceptable)

**15007 SE 225 DRIVE**

City

**HAWTHORNE**

FL

Zip Code

**32640**

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, the registered agent.

SIGNATURE

*Wallace F Russell*  
Signature, typed or printed name of registered agent and title if applicable.

**WALLACE F RUSSELL**

(NOTE: Registered Agent signature required when reinstating)

**4/13/2003**

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 **PST** ☐ Delete  
NAME **RUSSELL, WALLACE F**  
STREET ADDRESS **1207 SATURN AVE N**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition  
NAME **WALLACE F RUSSELL**  
STREET ADDRESS **15007 SE 225 DRIVE**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☐ Delete  
NAME **RUSSELL, WALLACE F II**  
STREET ADDRESS **1207 SATURN AVE NORTH**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☐ Addition  
NAME **WALLACE F RUSSELL**  
STREET ADDRESS **15007 SE 225 DRIVE**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☐ Delete  
NAME **RUSSELL, LINDA A**  
STREET ADDRESS **1207 SATURN AVE NORTH**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition  
NAME **WALLACE F RUSSELL**  
STREET ADDRESS **15007 SE 225 DRIVE**  
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 recipient of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALLACE F RUSSELL** **4/13/2003** **727-462-0313**

Date

Daytime Phone #

CR2E034 (10/02)