2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000033708** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name PARASOL WEST, INC. 04-14-2000 90111 031 ***150.00 Principal Place of Business Mailing Address 6701 PENSACOLA BLVD 6701 PENSACOLA BLVD PENSACOLA FL 32505 PENSACOLA FL 32505-1707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3181098 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FADDIS, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 6701 PENSACOLA BLVD PENSACOLA FL 32505 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE TITLE FADDIS, CHARLES F NAME NAME 6701 PENSACOLA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition DVTS TITLE Delete TITLE LOCKWOOD, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 6701_PENSACOLA BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition TITLE Delete TITLE KENNEDY, CARTER S NAME NAME STREET ADDRESS STREET ADDRESS 3125 MONTGOMERY HWY SUITE 116 CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL** D۷ ☐ Change ☐ Addition ☐ Delete TITLE O'SULLIVAN, I L JR NAME NAME STREET ADDRESS STREET ADDRESS 601 ST. PATRICK CIRCLE CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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changed, or on an attachment with an address with all other like empowered.