

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90915 030 ***150.00

0053098 AV

DOCUMENT # P93000033708

1. Entity Name
PARASOL WEST, INC.

Principal Place of Business Mailing Address
6701 PENSACOLA BLVD 6701 PENSACOLA BLVD
PENSACOLA FL 32505 PENSACOLA FL 32505

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 **59-3181098** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FADDIS, CHARLES F
6701 PENSACOLA BLVD
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FADDIS, CHARLES F	
STREET ADDRESS	6701 PENSACOLA BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	LOCKWOOD, RICHARD A	
STREET ADDRESS	6701 PENSACOLA BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KENNEDY, CARTER S	
STREET ADDRESS	3125 MONTGOMERY HWY SUITE 116	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, I L JR	
STREET ADDRESS	601 ST. PATRICK CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:  **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES F. FADDIS

3/20/02 850-478-4100
 Date Daytime Phone #

CR2E034 (9/01)