

# 2001 UNIFORM BUSINESS REPORT (UBR)

04455

DOCUMENT # P93000087900

1. Entity Name  
**PARNASSIA, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 19 PM 4:21

Principal Place of Business  
3340 PEACHTREE ROAD NE  
SUITE 1500  
ATLANTA GA 30326  
US

Mailing Address  
3340 PEACHTREE ROAD NE  
SUITE 1500  
ATLANTA GA 30326  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

*210*

4. FEI Number **59-3232192**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAITA INTERNATIONAL, INC.  
7400 BAYMEADOWS WAY  
SUITE 107  
JACKSONVILLE FL 32256**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST  
SCHNEIDER, RETO J  
% 8130 BAYMEADOWS WAY WEST #302  
JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\$150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MATTSON, ROBERT  
8130 BAYMEADOWS WAY WEST  
JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SULZBACHER, WILLIAM M  
8130 BAYMEADOWS WAY WEST  
JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700004417197-1-B  
-06/13/01--01029--009  
\*\*\*\*726.25 \*\*\*\*150.00**

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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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)