2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000000682

Name:

Address: City-St-Zip: ROBERTSON, NEIL

MIAMI, FL 33137

991 N.E. 6TH COURT

Entity Name: PETERS ROBERTSON PARSONS & PASSARO, P.A.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
25 SE 2ND AVE 600 INGRAHAM BLDG MIAMI, FL 33131				25 SE 2ND AVE 609 INGRAHAM BLDG MIAMI, FL 33131		
Current Mailing Address:				New Mailing Address:		
25 SE 2ND 600 INGRA MIAMI, FL	HAM BLDG	;	(25 SE 2ND AVE 609 INGRAHAM BLDG MIAMI, FL 33131		
FEI Number:	65-0564741	FEI Number Applied For ()	FEI Numi	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PARSONS, JOHN R W 25 SE 2ND AVENUE SUITE 600 INGRAHAM BLDG. MIAMI, FL 33131 US				PARSONS, JOHN R W 25 SE 2ND AVENUE SUITE 609 INGRAHAM BLDG. MIAMI, FL 33131 US		
The above in the State		ry submits this statement for the pu	urpose of	changing its registered o	office or registered agent, or both,	
SIGNATURE:				04/29/2003		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD PARSONS, 3 670 NE 59TH MIAMI, FL		1	Title: () Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	PASSARO, 0	ELLA TREE LANE	1	Title: () Name: Address: City-St-Zip:) Change()Addition	
Title:	D	() Delete	-	Title:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R.W. PARSONS PD 04/29/2003