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

## **DOCUMENT #**

P95000086064

1. Entity Name

D & A PARSONS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90130 019 \*\*\*150.00

Section Companies   Sect	- 4											
Surfa. Apt. 4, std.  Suite. Apt. 4, std.  Suite. Apt. 4, std.  Suite. Apt. 4, std.  City & State  City & State  City & State  Country  Applied Formand For Applied Formand Formand Address of Current Registered Agent.  Applied Formand For Polyage To New Registered Agent  Name  PARSONS, ALLUN D  2946 WALPEAR ST.  FORT MYERS FL 33916  City  FL Zip Code  After May, 1, 2005 Fee will be \$550,00  Aft	2945 WALPEAR ST		2945 WALPEAR ST				_					
Surfa. Apt. 4, std.  Surfa. Apt. 4, std.  Surfa. Apt. 4, std.  Surfa. Apt. 4, std.  City & State  City & State  Country  Applied For Not Applicable  8. Certificate of Sutina Deared   Set. 75 Additional Fee Feature   Not Applicable  8. Certificate of Sutina Deared   Set. 75 Additional Fee Fee Feature   Not Applicable  8. The above cancel with submits this statement for the purpose of changing its registered difficient or registered Agent.  City & State  City & State  City & State  Country  And Address of Current Registered Agent  None  Sheeck Additions (PD. Box Number is Not Acceptable)  Set. 75 Additional Fee Fee Feature  Set. 85 Additional Fee Fee Feature  FLE NoWITI FEE IS \$150.00  After May, 1, 2003 Fee will be \$550.00  After May, 1, 2003 Fee will be \$5												
City & State  Name  Street Address of Routs Desired Spent  For Routhead Agent  For Routhead Address of New Registered Agent  For Routhead Address of New Registered Agent  For Routhead Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zo Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, I am familiar with, and accept the critiqual routhead of registered agent.  Signaria, type or printed agent.  Signaria, type or or printed agent.  Signaria, type or or printed agent.  Signaria, type or or printed agent.  Signaria Nove Routhead	2. Principal F	Place of Business	3. Mailing Address				I JUBATUDA 118 JUIDA DANK MAIK MAIK MARK A		KIS KILKI BELLB	17111 <b>(181</b> 1 1888)		
Country   Zp	Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.		····		CHECK HERE IF	MAKING	CHANGES		
Country	City & Stat	e	City & State			<del></del>	4. FEI Number 65-0632021			<u> </u>		]
B. Name and Address of Current Registered Agent	Zip	Country	Zip		Count	ry	5.	Certificate of Status Desired		8.75 Add	litional	
PARSONS, ALLUN D 2945 WALPEAR ST.  FORT MYERS FL 33916  City FL Zio 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. I am familiar with, and accept the chigations of registered agent.  SIGNATURE  Signature, topic or principlament of spirit and tax if applicable.  PILE NOW/III FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  PARSONS, DANA C  SIREH ADDRESS  DIV ST 2P  FORT MYERS FL 33905  TILE  MAKE  TITLE  MAKE  TITLE  MAKE  TITLE  MAKE  TITLE  MAKE  SIREH ADDRESS  DIV ST 2P  TOTA  THE MAKE  SIREH ADDRESS  DIV ST 2P  TITLE  MAKE  SIREH ADDRE		6. Name and Address of Current	Registere	d Agent	<b>5</b> 7€ -	المنفوار السادرين		Name and Address of New Reg				1
Since Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	DADGONG	ALLIND				Name		•				
City FL Zio Code  8. The aboven named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	•				Street Address (P.O. Box Number is Not Acceptable)							
B. 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 registered agent.    Signature	_	· •			ĺ				•			1
the cibigations of registered agent.    Signature   Si	غر					City			FL	Zip Code	э	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			r the purpo	ose of changing its re	egistere	d office or registe	red ag	gent, or both, in the State of Floric	la. I am fa	miliar with,	and accept	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  Make Check Payable to Fiorida Department of State  10.	SIGNATURE .	City		NOTE O	<u> </u>							
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees   Make Check Payable to Florida Department of State  10.	· .		and title if appr	cable. (NOTE; F	Registered	Agent signature require	d when re	einstating)	DATE			-
TITLE PARSONS, DANA C   Delete   TITLE   MAME   Change   Addition	After	May 1, 2003 Fee will be \$550.00	State						~ —			
NAME STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33905 CITY-ST-ZIP  VTD PARSONS, ALLYN D 14881 ORANGE RIVER ROAD FORT MYERS FL 33905 CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	· · · · · ·			RS	11.		ΑC	L DDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	S IN 11	1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	PARSONS, DANA C 14681 ORANGE RIVER ROAD		☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition	34 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								, , , , , , , , , , , , , , , , , , ,		Change	[ ] Addition	32E
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	PARSONS, ALLYN D 14681 ORANGE RIVER ROAD		LLI Delete	name Stree	T ADDRESS				L Change	Audition	5
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	war ya na		Delete	NAME STREE	T ADDRESS			· . =.	- Change ~	<sup>‡</sup> ⊟ Addition	نــ إ
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREE	T ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			□ Delete	NAME STREET	T ADDRESS				Change	☐ Addition	
	NAME Street address			☐ Delete	NAME STREET	T ADDRESS			1	Change	Addition	
		ertify that the information supplied with	this filing o	does not qualify for th			ection 1	119 07(3)(i) Florida Statutes Life	ther certif	v that the in	formation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: