

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90455 028 ***150.00

DOCUMENT # P95000094577

1. Entity Name
PARROTT SERVICES, INC.



Principal Place of Business
**3354 AVANTI CR
NORTH PORT FL 34287
US**

Mailing Address
**3354 AVANTI CR
NORTH PORT FL 34287
US**

90001122



2. Principal Place of Business
1225 EAST GATE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1225 EAST GATE DRIVE
Suite, Apt. #, etc.

City & State
VENICE-FL

City & State
VENICE-FL

4. FEI Number **65-0627551**

Applied For
Not Applicable

Zip **34292** Country **USA**

Zip **34292** Country **USA**

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

6. Name and Address of Current Registered Agent

**PARROTT, NANCY
3354 AVANTI CIR
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **NANCY PARROTT**
Street Address (P.O. Box Number is Not Acceptable)
1225 EAST GATE DRIVE
City **VENICE** FL **34292**

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 obligations of registered agent.

SIGNATURE **Nancy L. Parrott**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NANCY L PARROTT**
STREET ADDRESS **3354 AVANTI CIRCLE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **T** ☒ Delete
NAME **LAWRENCE PARROTT**
STREET ADDRESS **3354 AVANTI CIRCLE**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **NANCY PARROTT**
STREET ADDRESS **1225 EAST GATE DRIVE**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy L. Parrott**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 **941-416-5297**
Date Daytime Phone #

CR2E034 (10/02)