

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016664

1. Entity Name

PARSONS CONSTRUCTION, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90256 036 ***150.00

Principal Place of Business

Mailing Address

350 PARQUE DRIVE
ORMOND BEACH FL 32174

350 PARQUE DRIVE
ORMOND BEACH FL 32174-6296

904100

2. Principal Place of Business

1705 State Avenue

3. Mailing Address

1705 State Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill FL

City & State

Holly Hill FL

4. FEI Number

59-3367190

Applied For

Not Applicable

Zip

32117

Country

USA

Zip

32117

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARSONS, HARRY T
350 PARQUE DRIVE
ORMOND BEACH FL 32174

Name

Harry T. Parsons

Street Address (P.O. Box Number is Not Acceptable)

1705 State Avenue

City

Holly Hill

FL

Zip Code

32117

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, 2000 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 PT ☒ Delete
NAME PARSONS, GLENN A
STREET ADDRESS 350 PARQUE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PT ☒ Change ☐ Addition
NAME Glenn A. Parsons
STREET ADDRESS 1705 State Avenue
CITY-ST-ZIP Holly Hill FL 32117

TITLE VPS ☒ Delete
NAME PARSONS, HARRY T
STREET ADDRESS 350 PARQUE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPS ☒ Change ☐ Addition
NAME Harry T. Parsons
STREET ADDRESS 1705 State Avenue
CITY-ST-ZIP Holly Hill FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)