

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91633 027 ***150.00

0017885 AV

DOCUMENT # P96000016664

1. Entity Name
PARSONS CONSTRUCTION, INC.

Principal Place of Business
1705 STATE AVE
DAYTONA BEACH FL 32117

Mailing Address
1705 STATE AVE
DAYTONA BEACH FL 32117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 WATERBERRY CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
1 WATERBERRY CIRCLE
 Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number **59-3367190**

Applied For
 Not Applicable

Zip
32174

Country
JOLUSIA

Zip
32174

Country
JOLUSIA

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

6. Name and Address of Current Registered Agent

PARSONS, HARRY T
1705 STATE AVENUE
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1 WATERBERRY CIRCLE
 City **ORMOND BEACH** **FL** Zip Code **32174**

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, 2002 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

TITLE **PT** ☒ Delete
 NAME **PARSONS, GLENN A**
 STREET ADDRESS **1705 STATE AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **VPS** ☐ Delete
 NAME **PARSONS, HARRY T**
 STREET ADDRESS **1705 STATE AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1 WATERBERRY CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

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

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

TITLE ☐ Change ☐ Addition
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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 **HARRY T PARSONS** **5/16/02** **(386) 673-1538**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



Attachment & Date

796000016664
436424

To Whom It May Concern,

Please excuse my delinquent nature on
filing the U.B.R. - This is my first year
in this position and is all of a learning
experience. The forms were placed in an
incorrect file and found 5/16. Thank you
for your cooperation and understanding.

Sincerely

A handwritten signature in cursive script, appearing to read "Harry T. Parsons".

HARRY T. PARSONS