2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90166 019 ***150.00

DOCUMENT # P96000057906

1. Entity Name
PARRISH & MOORE, P.A.

Principal Place of Business	Mailing Address
2171 PINE RIDGE ROAD STE D NAPLES FL 34109	2171 PINE RIDGE ROAD STE D NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3431 Pine Ridge Rd		3431 Pine Ridge Rd	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: Suite 101	
City & State: Naples FL		City & State: Naples FL	
Zip: 34109	Country: USA	Zip: 34109	Country: USA

4. FEI Number 65-0680188 ☐ Applied For ☐ Not Applicable

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
PARRISH, JON D 2171 PINE RIDGE ROAD STE D NAPLES FL 34109	Name: Street Address (P.O. Box Number is Not Acceptable): 3431 Pine Ridge Rd Suite 101 City: Naples, FL 34109 FL Zip 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.

SIGNATURE [signature] DATE 03/14/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, JON D 2171 PINE RIDGE ROAD STE D NAPLES FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3431 Pine Ridge Rd Suite 101 Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MICHAE G 2171 PINE RIDGE ROAD STE D NAPLES FL 34109 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 03/14/01 941 566 2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)