

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103321

1. Entity Name

PEGASUS CONSTRUCTION COMPANY

FILED

Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90020 007 ***150.00

Principal Place of Business

Mailing Address

3700 MURROW ST
NEW PORT RICHEY FL 34655
US

3700 MURROW ST
NEW PORT RICHEY FL 34655-2707
US

2. Principal Place of Business

8101 Settlers Point Dr.

Suite, Apt. #, etc.

3. Mailing Address

8101 Settlers Point Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, FL

City & State

New Port Richey, FL

4. FEI Number

59-3415724

Applied For

Not Applicable

Zip

34653

Country

US

Zip

34653

Country

US

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

PARZIALE, JAMES F
3700 MURROW ST
NEW PORT RICHEY FL 34655

Name

James F. Parziale

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

8101 Settlers Point Dr

City

New Port Richey

FL

Zip Code

34653

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

James F. Parziale

president James F. Parziale

3/10/00

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 D ☒ Delete
NAME PARZIALE, JAMES F
STREET ADDRESS 3700 MURROW ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☒ Delete
NAME PARZIALE, SALLY B
STREET ADDRESS 3700 MURROW ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE P ☒ Change ☐ Addition
NAME Parziale, James F.
STREET ADDRESS 8101 Settlers Point Dr.
CITY-ST-ZIP New Port Richey, FL 34653

TITLE V/T/S ☒ Change ☐ Addition
NAME Parziale, Sally B.
STREET ADDRESS 8101 Settlers Point Dr.
CITY-ST-ZIP New Port Richey, FL 34653

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

James F. Parziale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

DATE

727-372-6960

Daytime Phone #

CR2E034 (9/95)