

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90402 041 ***150.00

DOCUMENT # P98000001969

1. Entity Name
PARRCOMM, INC.



Principal Place of Business
1305 VENICE AVENUE EAST
VENICE FL 34292

Mailing Address
1305 VENICE AVENUE EAST
VENICE FL 34292



2. Principal Place of Business

570 BAHAMA Rd.

3. Mailing Address

PO Box 673

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VENICE

☐ CHECK HERE IF MAKING CHANGES

City & State

VENICE Florida

City & State

VENICE Florida

4. FEI Number

65-0817344

Applied For

Not Applicable

Zip

34293

Country

SARASOTA

Zip

34284

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARROW, CONNIE S
1305 VENICE AVENUE EAST
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

PARROW, CONNIE S.

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

570 BAHAMA Rd.

City

VENICE

FL

Zip Code

34293

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

CONNIE S. PARROW

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/03

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 PT
NAME PARROW, CONNIE S
STREET ADDRESS 1305 VENICE AVENUE EAST
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE MS
NAME PARROW, RICHARD A
STREET ADDRESS 1305 E. VENICE AVE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME PARROW, CONNIE S
STREET ADDRESS 570 BAHAMA Rd
CITY-ST-ZIP VENICE, FL 34293 ☒ Change ☐ Addition

TITLE MS
NAME PARROW, RICHARD A.
STREET ADDRESS 570 BAHAMA Rd
CITY-ST-ZIP VENICE, FL 34293 ☒ Change ☐ Addition

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

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

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

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

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 887, 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:

CONNIE S. PARROW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/03

94-408-7071

CR2E034 (10/02)