

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**  
 01-16-2002 90076 023 \*\*\*150.00

MA1767

**DOCUMENT # P98000011473**

1. Entity Name  
**PARSONS-WILSON, INC.**

Principal Place of Business  
**610 78TH AVE**  
**ST PETERSBURG BEACH FL 33706**

Mailing Address  
**PO BOX 66148**  
**ST PETERSBURG FL 33736-6148**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8601 4TH ST N**

3. Mailing Address

Suite, Apt. #, etc.  
**304B**

Suite, Apt. #, etc.

City & State  
**ST PETERSBURG, FL**

City & State

4. FEI Number  
**59-3489830**

Applied For  
 Not Applicable

Zip  
**33702**

Country  
**US**

Zip

Country

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

**FOX, JEFFREY CPA**  
**2240 BELLEAIR RD STE 190**  
**CLEARWATER FL 33764**

*de Belleair*

Name

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

City

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**WILSON, GREGORY S**  
**610 78TH AVE**  
**ST PETERSBURG BEACH FL 33706**

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

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02

7275689558

Date

Daytime Phone #

CR2E034 (9/01)