

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012713

1. Entity Name
PARSONS DEVELOPMENT COMPANY



FILED

03 FEB 18 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5551 CORPORATE BOULEVARD., 2-A
BATON ROUGE LA 70808

Mailing Address
P.O. BOX 66338
BATON ROUGE LA 70896-6338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3500218

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME REILLY, KEVIN JR
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800012786238
CITY-ST-ZIP 02/19/03--01029--017 **1791.25

TITLE VPTD
NAME ISTRE, KEITH
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

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

TITLE VP
NAME REILLY, SEAN
STREET ADDRESS 5551 CORPORATE BLVD., STE. 2A
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

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

TITLE S
NAME MCILWAIN, JAMES
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

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

TITLE D
NAME STEWART, T. EVERETT
STREET ADDRESS 5551 CORPORATE BLVD., STE. 2A
CITY-ST-ZIP BATON ROUGE LA 70808 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

Signature of Keith A. Istre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)