

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069174

1. Entity Name

PAROLIA (USA), INC.

Principal Place of Business

P.O. BOX 661
HAINES CITY FL 33844

Mailing Address

P.O. BOX 661
HAINES CITY FL 33845-0661

2. Principal Place of Business

33rd N 6th STREET

Suite, Apt. #, etc.

SUITE 2 & 4

City & State

HAINES CITY FL

Zip

33844

Country

USA

3. Mailing Address

33rd N 6th STREET

Suite, Apt. #, etc.

SUITE 2 & 4

City & State

HAINES CITY FL

Zip

33844

Country

USA

6. Name and Address of Current Registered Agent

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name DENNIS E. BOOTH

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

2940 E PARK AVE SUITE C

City TALLAHASSEE

FL

Zip Code

32301

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

1/13/00

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

TITLE PSD
NAME HOWES, DAVID W
STREET ADDRESS 2227 MALLORY CIRCLE
CITY-ST-ZIP HAINES CITY FL 33844 ☐ Delete

TITLE VTD
NAME HOWES, LILY
STREET ADDRESS 2227 MALLORY CIRCLE
CITY-ST-ZIP HAINES CITY FL 33844 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90208 038 ***150.00

703763



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3530408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)