

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90094 019 \*\*\*150.00

**DOCUMENT # P98000103898**

1. Entity Name  
**PARISI RETAIL SYSTEMS & SUPPLIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1005 MISTY HOLLOW LANE**  
**TARPON SPRINGS FL 34689**  
**US**

Mailing Address  
**1005 MISTY HOLLOW LANE**  
**TARPON SPRINGS FL 34689**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3546811**

Applied For  
 Not Applicable

Zip **34688**

Country

Zip **34688**

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

**PARISI, PASQUALE W**  
**1005 MISTY HOLLOW LANE**  
**TARPON SPRINGS FL 34689**

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

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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b> <b>PARISI, PASQUALE W</b> <b>1649 PINE PLACE</b> <b>CLEARWATER FL 33755</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> <b>PARISI, PASQUALE W</b> <b>1005 MISTY HOLLOW LANE</b> <b>TARPON SPRINGS, FL 34688</b>
<input type="checkbox"/> Delete	<b>D</b> <b>PARISI, ALICE</b> <b>1649 PINE PLACE</b> <b>CLEARWATER FL 33755</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> <b>PARISI, ALICE A.</b> <b>1005 MISTY HOLLOW LANE</b> <b>TARPON SPRINGS, FL 34688</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required **2/1/02 (727) 937-5999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)