

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026447

1. Entity Name

PARSONS DESIGN, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90182 008 ***150.00

Principal Place of Business

701 NORTHPOINT PKWY., STE. 210
 WEST PALM BEACH FL 33407

Mailing Address

701 NORTHPOINT PKWY., STE. 210
 WEST PALM BEACH FL 33407-1956

A0054256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11211 Prosperity Farms Rd

3. Mailing Address

4300 S. US HIGHWAY ONE

Suite, Apt. #, etc.

Suite 100A

Suite, Apt. #, etc.

SUITE 203 PMB 289

City & State

Palm Beach Gardens, FL

City & State

JUPITER, FL

4. FEI Number

65-0955784

Applied For

Not Applicable

Zip

33410-3453

Country

USA

Zip

33417

Country

USA

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

PARSONS, CAROL
 751 OCEAN DR., #3
 JUNO BEACH FL 33408

Name

Parsons, Carol

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

11211 Prosperity Farms Road
 Suite 100A

City

Palm Beach Gardens

FL

Zip Code

33410

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, type 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME PARSONS, CAROL
 STREET ADDRESS 751 OCEAN DR., #3
 CITY-ST-ZIP JUNO BEACH FL 33408

TITLE PD ☒ Change ☐ Addition
 NAME Parsons, Carol
 STREET ADDRESS 11211 Prosperity Farms Road, Suite 100A
 CITY-ST-ZIP Palm Beach Gardens, FL 33410-3453

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 #

CR2E034 (9/99)