

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041963

1. Entity Name

MARY E. PARRISH, P.A.

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

05-04-2000 90142 026 \*\*\*150.00

Principal Place of Business

12028 N.W. 25TH STREET  
 CORAL SPRINGS FL 33065

Mailing Address

12028 N.W. 25TH STREET  
 CORAL SPRINGS FL 34711-6516

2. Principal Place of Business

11746 GRACES WAY

Suite, Apt. #, etc.

3. Mailing Address

11746 GRACES WAY

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

65-0917064

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRISH, MARY E  
 12028 N.W. 25TH STREET  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: MARY E PARRISH  
 Street Address (P.O. Box Number is Not Acceptable): 11746 GRACES WAY  
 City: CLERMONT FL Zip Code: 34711

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: *Mary E. Parrish* (MARY E. PARRISH) DATE: 4/28/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	PARRISH, MARY E	
STREET ADDRESS	12028 N.W. 25TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, MARY E	
STREET ADDRESS	11746 GRACES WAY	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary E. Parrish* (MARY E. PARRISH) DATE: 4/28/00 352-255-1031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)