

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P99000055160

1. Entity Name

PARALLAX CONSULTING, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90094 007 \*\*\*150.00

Principal Place of Business

Mailing Address

 1 BOX 880  
 FL 32091

 ROUTE 1 BOX 880  
 STARKE FL 32091-9630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3582810

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

 SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134
Name R. STUART FARREL

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

RT. 1 BOX 880City STARKE

FL

Zip Code 32091

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

R. Stuart Farrel CEO

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, 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 FARREL, RALPH S ← SAME PERSON  
 STREET ADDRESS ROUTE 1 BOX 880  
 CITY-ST-ZIP STARKE FL 32091

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE CEO ☒ Change ☐ Addition  
 NAME R. STUART FARREL  
 STREET ADDRESS RT. 1 BOX 880  
 CITY-ST-ZIP STARKE, FL. 32091

 TITLE CFO ☐ Change ☒ Addition  
 NAME SHARON L. FARREL  
 STREET ADDRESS RT. 1 BOX 880  
 CITY-ST-ZIP STARKE, FL. 32091

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

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

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: R. Stuart Farrel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

March 23, 2000 904-368-1250

Date

Daytime Phone #

CR2E034 (9/99)