

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90004 004 ***550.00

DOCUMENT # P99000055160

1. Entity Name

PARALLAX CONSULTING, INC.

Principal Place of Business

Mailing Address

**ROUTE 1 BOX 880
 STARKE FL 32091**

**ROUTE 1 BOX 880
 STARKE FL 32091**

2. Principal Place of Business

4000 N.W. 51ST ST. F-119

3. Mailing Address

4000 N.W. 51ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F-119

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-3582810

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FARREL, R. STUART
 RT 1 BOX 880
 STARKE FL 32091**

7. Name and Address of New Registered Agent

Name

R. STUART FARREL

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

4000 N.W. 51ST ST.

F-119

City

GAINESVILLE

FL

Zip Code

32606

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**

PRES.

9-14-01

(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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PSTD** ☒ Delete
 NAME **FARREL, RALPH S**
 STREET ADDRESS **ROUTE 1 BOX 880**
 CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **R. STUART FARREL, PRES.** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **4000 N.W. 51ST ST. F-119**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

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

TITLE ☐ Change ☐ Addition
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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: **SHARON FARREL CFO** **9-14-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**352
 373-7612**

Daytime Phone #

CPD5034 (5/01)