

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90314 017 \*\*\*150.00

**DOCUMENT # P99000085372**

1. Entity Name

**ONE CALL SETUP, INC.**

Principal Place of Business

**1802 CRYSTAL LK DR  
 LAKELAND FL 33809**

Mailing Address

**PO BOX 1792  
 EATON-PK-FL 33840**

**972034**

2. Principal Place of Business

**101-5 N Combee Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND FL**

City & State

**EATON Park, FL**

4. FEI Number

**59-3600044**

Applied For

Not Applicable

Zip

**33801**

Country

**FL**

Zip

**33801**

Country

**FL**

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

**PRESCOTT, GERALD H  
 1802 N CRYSTAL LK DR  
 LAKELAND FL 33809**

Name

**101-5 N Combee Rd**

City

**Lakeland**

FL

Zip Code

**33801**

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

**Donell Parrish**

**DONELL PARRISH**

**04/30/01**

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 \$150.00  
 After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	PRESCOTT, DAVID L	
STREET ADDRESS	476 CLUB DR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESCOTT, GERALD H	
STREET ADDRESS	1617 OSBAN ST	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVERETT, SAM A	
STREET ADDRESS	2901 BROOKS STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARRISH, DONELL	
STREET ADDRESS	476 CLUB DR 810 Rockingham Rd.	
CITY-ST-ZIP	LAKELAND FL 33809	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

**VP  
 DONELL Parrish  
 810 Rockingham Rd  
 Lakeland, FL 33809**

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:

**Donell Parrish**

**DONELL PARRISH**

**04/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)