

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090107

1. Entity Name

PARSONS INVESTMENTS, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90007 015 ***150.00

Principal Place of Business

121 BENTLEY VILLAGE COURT
NAPLES FL 34110

Mailing Address

121 BENTLEY VILLAGE COURT
NAPLES FL 34110-8083

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3602634

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

LAW, LESTER B ESQ.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES FL 34108

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres., V.P., Treas., Sec. & ☐ Delete

NAME Sole Director

STREET ADDRESS Alice P. Parsons

CITY-ST-ZIP 121 Bentley Village Court

NAME Naples, FL 34110 ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

NAME ☐ Change ☐ Addition

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:

Alice P. Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 9, 2000
Date

941-591-1462
Daytime Phone #

CR2E034 (9/99)