

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90360 026 ***150.00

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DOCUMENT # P99000090107

1. Entity Name
PARSONS INVESTMENTS, INC.

Principal Place of Business
C/O LESTER LAW. ESQ.
5811 PELICAN BAY BLVD. SUITE 600
NAPLES FL 34108

Mailing Address
C/O LESTER LAW. ESQ.
5811 PELICAN BAY BLVD. SUITE 600
NAPLES FL 34108

2. Principal Place of Business
870 Classic Court

Suite, Apt. #, etc.
Apt. 203

City & State
Naples, FL

Zip
34110

Country

3. Mailing Address
5811 Pelican Bay Blvd.

Suite, Apt. #, etc.
Ste 600

City & State
Naples, FL

Zip
34108

Country

4. FEI Number
59-3602634

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

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

7. Name and Address of New Registered Agent

Name
FWLER WHITE MYERS KRAUSE
Street Address (P.O. Box Number is Not Acceptable)
5811 Pelican Bay Blvd.
Ste 600
City
Naples **FL** **Zip Code**
34108

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.

FWLER WHITE MYERS KRAUSE

SIGNATURE By: *Andrew J. Krause*

/Andrew J. Krause

4/10/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPT
PARSONS, ALICE P
121 BENTLEY VILLAGE COURT
NAPLES FL 34110

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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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: *Alice P. Parsons* **REQUIRED** **Alice P. Parsons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

239-598-1221
 Daytime Phone #

CR2E034 (9/01)