

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91063 035 ***150.00

DOCUMENT # P99000090107

1. Entity Name
PARSONS INVESTMENTS, INC.



Principal Place of Business
**870 CLASSIC CT
APT 203
NAPLES FL 34110**

Mailing Address
**5811 PELICAN BAY BLVD
STE 600
NAPLES FL 34108**

2. Principal Place of Business
5811 PELICAN BAY BOULEVARD

Suite, Apt. #, etc.
SUITE 600

3. Mailing Address

Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

City & State

4. FEI Number **59-3602634**

Applied For
Not Applicable

Zip
34108

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
FOWLER WHITE BOGGS BANKER P.A.
Street Address (P.O. Box Number is Not Acceptable)
5811 PELICAN BAY BOULEVARD, SUITE 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. I am familiar with, and accept the obligations of registered agent **FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE *Robert J. Stommel* / **ROBERT J. STOMMEL**

2/14/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President and Secretary** ☒ Change ☐ Addition
NAME **Meredith P. Salisbury**
STREET ADDRESS **17 North Street**
CITY-ST-ZIP **Lexington, MA 02420**

TITLE **Vice President and Treasurer** ☒ Change ☐ Addition
NAME **Roger B. Parsons**
STREET ADDRESS **192 Glamis Lane**
CITY-ST-ZIP **Palatine, IL 60067-8017**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Meredith P. Salisbury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/03

Date

Daytime Phone #

0536428 AV

CR2E034 (10/02)