

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90254 034 ***150.00

DOCUMENT # P99000094870

1. Entity Name

PARRISH SHRIMPING, INC.

Principal Place of Business

**830 NORTH 15TH STREET
FERNANDINA BEACH FL 32034**

Mailing Address

**830 NORTH 15TH STREET
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

830 N 15TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

City & State

FERNANDINA FL

Zip

Country

Zip

Country

32034

FLASSAU

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRIS, WALTER L
830 NORTH 15TH STREET
FERNANDINA BEACH FL 32034**

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, 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** ☐ Delete
NAME **PARRISH, WALTER L**
STREET ADDRESS **830 NORTH 15TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE **D** ☐ Delete
NAME **PARRISH, JEFFREY L**
STREET ADDRESS **830 NORTH 15TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/01

904-241-4439

CR2E034 (10/00)

C0015267



DO NOT WRITE IN THIS SPACE