

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90280 031 ***150.00

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1. Entity Name
PARLIAMENT COACH CORPORATION



Principal Place of Business
**13790 ROOSEVELT BLVD
CLEARWATER FL 34622**

Mailing Address
**13790 ROOSEVELT BLVD
CLEARWATER FL 34622**

2. Principal Place of Business

13790 B Roosevelt Blvd.

3. Mailing Address

13790 B Roosevelt Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

59-3161016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, STOLE
13790 ROOSEVELT BLVD
CLEARWATER FL 34622**

7. Name and Address of New Registered Agent

Name

STEVE MITCHELL

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

13790 B Roosevelt Blvd.

City

Clearwater

FL

Zip Code

33762

* 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.

SIGNATURE

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 **P** ☐ Delete
NAME **MITCHELL, STEVE**
STREET ADDRESS **13790 ROOSEVELT BLVD**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **ST** ☐ Delete
NAME **MITCHELL, PAT**
STREET ADDRESS **13790 ROOSEVELT BLVD**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Steve Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)