

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V60159**

Entity Name
PARCON UTILITIES, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90125 012 ***150.00

Principal Place of Business
203 N. PACE BLVD.
PENSACOLA FL 32505

Mailing Address
P O BOX 17125
PENSACOLA FL 32522-7125



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------|---------|---------------------|---------|---|--|--|--|
| Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3140465 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent BROWN, A. F. 8550 J SCENIC HWY PENSACOLA FL 32514 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | | |
|---|--|--|--|--|--|--|--|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| P BROWN, A.F. 8550 J SCENIC HWY PENSACOLA FL 32514 | <input type="checkbox"/> Delete | DP TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **SCENIC** **REQUIRED** **A.F. Brown** **2-6-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/01)