9/19/01-90161-012-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502826 (UP)

1. Entity Name: Parker Beach Restoration Inc. 100 S Aviation Drive Naples Florida 34104

FILED 01 SEP 28 PM 4:05 SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business: 400 S Aviation Drive Suite 202 Naples, Florida 34104

Mailing Address: Same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2649503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Leo Morrison 100 Aviation Drive Suite 100 Naples, Florida 34104	Name: LEO MORRISON Street Address (P.O. Box Number is Not Acceptable): 100 Aviation Drive Suite 100 City: Naples FL Zip Code 34104

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: Leo Morrison (Signature, typed or printed name of registered agent and title if applicable.) DATE: 9-24-01

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Wallace J. Hilliard 100 Aviation Drive Suite #202 Naples, Florida 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition

CR2E034 (11/00)

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: W J Hilliard (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 9-14-2001 Daytime Phone #: 941-403-7177