

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90157 045 ***150.00

DOCUMENT # M81725

1. Entity Name
PARKER-FT. MYERS, INC.



Principal Place of Business
**9400 GLADIOLUS DRIVE
SUITE 250
FT. MYERS FL 33908
US**

Mailing Address
**9400 GLADIOLUS DRIVE
SUITE 250
FT. MYERS FL 33908
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

4. FEI Number **59-2893661**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, STEPHEN J.
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Andrew Service Corporation of Florida
Street Address (P.O. Box Number is Not Acceptable)
**201 N. Franklin Street
Suite 2100**
City **Tampa** FL Zip Code **33602**

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 *Paul H. Stoen, Assistant Secretary* **4-15-2003**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JACK	
STREET ADDRESS	9400 GLADIOLUS DR. SUITE 250	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MITCHELL, STEPHEN J.	
STREET ADDRESS	201 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 **239.481.5049**
Date Daytime Phone #

CR2E034 (10/02)