

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004224

1. Entity Name

ADVENTURES IN PARROTDISE, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90013 031 ****61.25

Principal Place of Business

277 S BREVARD AVE. #1
COCOA BCH FL 32931

Mailing Address

277 S BREVARD AVE. #1
COCOA BCH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1118027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUILLARD, ROBERT
277 S BREVARD AVE, #1
COCOA BCH FL 32931

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME JACKSON, KATHY
STREET ADDRESS 1050 N ATLANTIC AVE #402
CITY-ST-ZIP COCOA BCH FL 32931

TITLE DS ☒ Delete
NAME CIACCIO, DONNA
STREET ADDRESS 725 ATLANTIC DR
CITY-ST-ZIP SATELLITE BCH FL 32937

TITLE DT ☒ Delete
NAME CROSBY, DIANNE
STREET ADDRESS 725 ATLANTIC DR
CITY-ST-ZIP SATELLITE BCH FL 32937

TITLE D ☒ Delete
NAME MAULL, SUELLEN
STREET ADDRESS 240 FORECAST LN
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☒ Delete
NAME ANDERSON, MELANIE
STREET ADDRESS 2402 RICE DR
CITY-ST-ZIP COCOA FL 32926

TITLE D ☐ Delete
NAME DOUILLARD, ROBERT
STREET ADDRESS 277 S BREVARD AVE #1
CITY-ST-ZIP COCOA BCH FL 32931

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SECRETARY ☒ Change ☒ Addition
NAME LUCY, STEFANIE
STREET ADDRESS 1500-HEARTWELLVILLE STN.W.
CITY-ST-ZIP PALM BAY, FL 32907

TITLE TREASURER ☒ Change ☒ Addition
NAME JACOBSON, JERRY
STREET ADDRESS 1050 N. ATLANTIC AVE #402
CITY-ST-ZIP COCOA BCH, FL 32931

TITLE D ☒ Change ☒ Addition
NAME PAGE, SUSAN
STREET ADDRESS 1234 SEMINOLE DR.
CITY-ST-ZIP INDIAN HARB BCH, FL 32937

TITLE D ☐ Change ☒ Addition
NAME LUCY, PHIL
STREET ADDRESS 1500 HEARTWELLVILLE ST. N.W.
CITY-ST-ZIP PALM BAY, FL 32907

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)(l), 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 617, 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

1/23/02 321-757-0607

CR2E037 (9/01)