

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90098 023 ****61.25

DOCUMENT # NO1000004224

1. Entity Name
ADVENTURES IN PARROTDISE, INC.



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

1050 N. ATLANTIC AVE

3. Mailing Address

1050 N. ATLANTIC AVE

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

BREVARD

Zip

32931

Country

BREVARD



☒ CHECK HERE IF MAKING CHANGES

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 **Gerald W Jackson**
Street Address (P.O. Box Number is Not Acceptable)
1050 N. ATLANTIC AVE 403unit
City **Cocoa Beach FL** **FL** Zip Code **32931**

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 *Gerald W Jackson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	☒ Delete
NAME	LUCY, STEFANIE	
STREET ADDRESS	1500 HEARTWELLVILLE ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	DP	☒ Delete
NAME	JACKSON, KATHY	
STREET ADDRESS	1050 ATLANTIC AVE #202 403	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	☒ Delete
NAME	JACKSON, JERRY	
STREET ADDRESS	1050 N ATLANTIC AVE #403	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	☒ Delete
NAME	PAGE, SUSAN	
STREET ADDRESS	1234 SEMINOLE DR	
CITY-ST-ZIP	INDIAN HRB BEACH FL 32937	
TITLE	D	☒ Delete
NAME	LUCY, PHIL	
STREET ADDRESS	1500 HEARTWELLVILLE ST NW	
CITY-ST-ZIP	PALM BAY FL 32907	
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	S	☒ Change ☐ Addition
NAME	KAT MURPHY	
STREET ADDRESS	560 CASSIA	
CITY-ST-ZIP	SATELITE BEACH FL 32937	
TITLE	DP	☒ Change ☐ Addition
NAME	Kathy Jackson	
STREET ADDRESS	1050 N. ATLANTIC AVE #403	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DP	☒ Change ☐ Addition
NAME	Gerald Jackson	
STREET ADDRESS	1050 N. ATLANTIC AVE #403	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DP	☒ Change ☐ Addition
NAME	Joann Gilman	
STREET ADDRESS	5341 CARRICK RD.	
CITY-ST-ZIP	PORT ST. JOHN FL 32927	
TITLE	DP	☒ Change ☐ Addition
NAME	Joe Glavas	
STREET ADDRESS	277 S. Brevard Ave #4	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	DP	☒ Change ☐ Addition
NAME	Diane Bates	
STREET ADDRESS	1639 Central	
CITY-ST-ZIP	Merritt Island FL 32953	

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 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: *Gerald W Jackson* **3-12-03 321 783-3707**

CR2E037 (10/02)