FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF

May 14, 2001 8:00 am DOCUMENT # P0000001702 **Secretary of State** PARKER-STRAND IV. INC. 05-14-2001 90244 020 ***150.00 Principal Place of Business Mailing Address 9400 GLADIOLUS DR., STE. 250 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908 FT. MYERS FL 33908 60054932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephen T. mitchel KUSSNER, STEPHEN L Street Address (P.O. Box Number is Not Acceptable), 201 N. FRANKLIN ST., STE, 2100 **TAMPA FL 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 SIGNATURE Signature, by So or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CH2E034 (10/00) Addition TITLE TITLE ☐ Delete GLICK, ADAM NAME NAME 9400 GLADIOLUS DR., STE. 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 NP TITLE ☐ Delete TITLE REISMAN, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 9400 GLADIOLUS DR., STE. 250 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 TITLE Addition ☐ Delete TITLE NAME KNIZNA , AAVID NAME STREET ADDRESS STREET ADDRESS 5100 GLADIOCUS AMIL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME EVILO, VINCEM GLADIOLUS AMIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with his 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 eport 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.