

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000042539**

1. Entity Name

PARKER ESTERO ONE, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90244 024 ***150.00

Principal Place of Business

**9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908**

Mailing Address

**9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908**

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

65-1003040

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

**KUSSNER, STEPHEN L
201 N. FRANKLIN ST., STE. 2200
TAMPA FL 33602**

Name

STEPHEN J MITCHELL

Street Address (P.O. Box Number is Not Acceptable)

201 N. FRANKLIN ST. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/019. 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**D
GLICK, ADAM
9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
REISMAN, JOHN
9400 GLADIOLUS DR., STE. 250
FT. MYERS FL 33908**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DP**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**✓ GULLO VINCENT
9400 GLADIOLUS DRIVE SUITE 250
FORT MYERS FLA 33912**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**✓ VTS
KNISNER, DAVID
9400 GLADIOLUS DRIVE
FORT MYERS FLA 33912**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID KNISNER**4/16/01****941-901-5000**

CR2E034 (10/00)