FILED

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

changed, or on an attachment with an address, with all

SIGNATURE:

ther like empowered.

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P0000047056 05-15-2001 90005 045 \*\*\*150.00 PARKER DANIELS, INC. Principal Place of Business Mailing Address 9400 GLADIOLUS DRIVE SUITE 250 9400 GLADIOLUS DRIVE SUITE 250 654405 FT MYERS FL 33908 FT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FÉI Number Applied For City & State 65.1010504 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CICCARONE, MICHAEL J 12800 UNIVERSITY DRIVE SUITE 600 FORT MYERS FL 33907 AM PH 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 typed 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 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE NAME NAME GLICK, ADAM STREET ADDRESS STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete TITLE TITLE D REISMAN, JOHN NAME NAME REISMAN, JOHN STREET ADDRESS STREET ADDRESS 9400 GLADIOLUS DRIVE SUITE 250 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete Addition Change TITLE TITLE GULLO VINCENT NAME NAME 5400 GLADIOLUS DANC SUITC 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME 9 400 GLADIOLUS DAIVE SVITE 250 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-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 frue 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