2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am § Secretary of State DOCUMENT # P00000047056 1. Entity Name 03-28-2002 90005 040 ***150.00 PARKER DANIELS, INC. Principal Place of Business Mailing Address 9400 GLADIOLUS DRIVE SUITE 250 9400 GLADIOLUS DRIVE SUITE 250 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 City & State 4. FEI Number Applied For 65-1040504 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 MITCHELL, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 201 N FRANKLIN ST **SUITE 2100** TAMPA FL 33602 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Defete TITLE ☐ Change ☐ Addition GLICK, ADAM NAME NAME 9400 GLADIOLUS DRIVE SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP DP ☐ Addition TITLE ☐ Delete TITLE Change NAME REISMAN, JOHN NAME 9400 GLADIOLUS DRIVE SUITE 250 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **GULLO, VINCENT** NAME STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP TITLE VTS ☐ Delete TITLE Change ☐ Addition NAME KNIZNER, DAVID NAME STREET ADDRESS 9400 GLADIOLUS DRIVE STE 250 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ 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-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 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.

ARVID KO 12NER

SIGNATURE:

FILED