

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90005 040 ***150.00

DOCUMENT # **P00000047056**

1. Entity Name
PARKER DANIELS, INC.

Principal Place of Business
**9400 GLADIOLUS DRIVE SUITE 250
 FT MYERS FL 33908**

Mailing Address
**9400 GLADIOLUS DRIVE SUITE 250
 FT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1040504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MITCHELL, STEPHEN J.
 201 N FRANKLIN ST
 SUITE 2100
 TAMPA FL 33602**

Name

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

City

FL

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)

DATE

9. 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DRIVE SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	GULLO, VINCENT	
STREET ADDRESS	9400 GLADIOLUS DRIVE STE 250	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLUS DRIVE STE 250	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Knizner **DAVID KNIZNER** 3/16/02 981-981-5040

0303126

CR2E034 (9/01)