


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90157 041 \*\*\*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**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**Andrew Service Corporation of Florida**

Street Address (P.O. Box Number is Not Acceptable)  
**201 N. Franklin Street**

**Suite 2100**

City  
**Tampa**

State  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janell M. Hall, Assistant Secretary* 4-15-2003  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE-NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/03 Daytime Phone #: 279-901-3090

CR2E034 (10/02)