


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)

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 #: 279-801-8040

CR2E034 (10/02)