2002 UNIFORM BUSINESS REPORT (UBR)

PNATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 01, 2002 8:00 am P01000046771 DOCUMENT # Secretary of State 1. Entity Name 02-01-2002 90042 007 ***150 00 PARKER SPADEFISH, INC. Principal Place of Business Mailing Address 100 ANCHOR DRIVE #440 100 ANCHOR DRIVE: #440 KEY WEST St. 33037 KEY WEST 5L 33037 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6...Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARDER, MICHAEL E ESQ Street Address (P.O. Box Number is Not Acceptable) 135 W CENTRAL BLVD, STE 1100 ORLANDO FL 32801 Zip Code City FL 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) 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, 2002 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 12. CR2E034 (9/01) TITLE ☐ Delete TITLE DRESSLER, BRADLEY P 16 Barracoda Lane Frey Largo FZ J30J7 NAME NAME 100 ANCHOR DRIVE #440 STREET ADDRESS STREET ADDRESS KEY-WEST FL 22027 CITY-ST-ZIP CITY-ST-ZIP Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete 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 of 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.

FILED

Daytime Phone #