

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90152 030 ***150.00

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DOCUMENT # P95000033849

1. Entity Name

PARCEL K ISLAND DEVELOPMENT CORP.



Principal Place of Business

**245 FRONT ST
KEY WEST FL 33040
US**

Mailing Address

**1000 MARKET ST
BLDG 1
PORTSMOUTH NH 03801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0686312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

SIGNATURE _____

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 | P | <input type="checkbox"/> Delete |
| NAME | WALSH, MARK | |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | WALSH, MICHAEL | |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | WALSH, WILLIAM | |
| STREET ADDRESS | 1000 MARKET ST BLDG 1 | |
| CITY-ST-ZIP | PORTSMOUTH NH 03801 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MCMURRAIN, THOMAS | |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CRITCHFIELD, RICHARD | |
| STREET ADDRESS | 1100 LINTON BLVD., SUITE C-9 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| 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 |
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| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Walsh **Mark Walsh**

Date

3/28/03

Daytime Phone #

(561) 279-9900

CR2E034 (10/02)