

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90244 023 ***150.00

DOCUMENT # P98000085283

1. Entity Name
PARKER - BRITTANY II, INC.

Principal Place of Business 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908	Mailing Address 9400 GLADIOLUS DR., STE. 250 FT. MYERS FL 33908
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0874119	Applied For <input type="checkbox"/> Not Applicable
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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., STE. 2100
TAMPA FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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	PARKER, JACK	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DR., STE. 250	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GRADIOCUS AVE SUITE 250	
CITY-ST-ZIP	FT MYERS FL 39908	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLICK, ADAM	
STREET ADDRESS	9400 GLADIOLUS DR 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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID KNIZNER Date: 5/16/01 Daytime Phone #: 941-981-5040

CR2E034 (10/00)