

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90157 050 \*\*\*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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874119**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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  
**Andrew Service Corporation of Florida**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 N. Franklin Street  
Suite 2100**  
City **Tampa** 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 *Janice Wallace, Assistant Secretary* DATE **4-15-2003**

**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>PARKER, JACK</b>	
STREET ADDRESS	<b>9400 GLADIOLUS DR., STE. 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 DR., STE. 250</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>KNIZNER, DAVID</b>	
STREET ADDRESS	<b>9400 GRADIOCUS AVE SUITE 250</b>	
CITY-ST-ZIP	<b>FT MYERS FL 39908</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLICK, ADAM</b>	
STREET ADDRESS	<b>9400 GLADIOLUS DR 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
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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 REQUIRED**

Date **4/11/03** Daytime Phone # **279-981-5040**

CR2E034 (10/02)