FILED 2003 FOR PROFIT CORPORATION Mar 19, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** S95092 DOCUMENT # 1. Entity Name 03-19-2003 90096 006 ***150.00 PARKER AND COMPANY INC. Principal Place of Business Mailing Address 272 SOUTHLAND RD 272 SOUTHLAND ROAD PALM BEACH FL 99480 PALM BEACH FL-98480 2. Principal Place of Business 3. Mailing Address 120 Butile ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 02-0429780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -- FRANK, NORMANper is Not Acceptable) 2999 W. ATLANTIC AVE, SUITE#200 200 -DELRAY BEACH FL 33443-8. The above named entity submits this statement to 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. agent and title if application MOTHY (NETE: Represent Approxignature required when reinstating) TLE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSDT** TITLE ☐ Delete TITLE NAME PARKER, GERALD K NAME STREET ADDRESS 272 SOUTHLAND ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE

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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND EXPED OF PRINTER NAME OF SIGNADOS GENEROR DIRECTOR

7-17-03

561-833-844

Daytime Phone